



Helping Youth & Community from Start to Finish

## MEDICAL CONSENT FORM

Please complete the following in BLOCK CAPITALS

First Name.....Surname.....

Address.....

.....Postcode.....

Emergency Contact Name & Number (parent/Carer.....

.....

### **Medical Information.**

GP's Name.....Tel .....

Address.....

.....

Does your child have any medical condition(s) we need to be aware of? .....

.....

Does your child take any medication they need to bring with them?.....

If yes please state medication.....

Is your child allergic to Penicillin? YES/NO

Is there anything else we should be aware of to ensure your child's wellbeing?.....

.....

Do you consent to Staff at OnTrak to administer Paracetamol/Ibuprofen if required?

YES.....NO....

**I consent to any Emergency Medical Treatment in the event of an  
accident if I cannot be contacted YES.....NO.....**

**Parent/Carer Signature.....**

**Date.....**