

Form valid from:

Nairn County Cricket Club Medical Consent Form

Consent to Medical Treatment

The following information and consent is requested to ensure the health and well being of all children and vulnerable adults participating in **Nairn County Cricket Club** activities. The information contained in this form is confidential and will only be used to safeguard and promote the child/vulnerable adult's health and well being should the need arise.

Name of Child/Vulnerable Adult: _____

Date of Birth: _____

Name of General Practitioner: _____

Address: _____

Telephone: _____

Please provide details of any pre-existing medical conditions that may affect the child/vulnerable adult's participation in the activity/event/programme:

Details of any medication or treatment required: _____

Details of any existing injuries (include when injury occurred and the treatment received): _____

Details of any allergies, including allergies to medication: _____

Child/Vulnerable Adult (optional)

I consent to receiving medical treatment, including anaesthetic, which the medical authorities present consider necessary.

Signature: _____

Print Name: _____

Date: _____

Parent/Guardian/Legal Carer

I consent to receiving medical treatment, including anaesthetic, which the medical authorities present consider necessary.

I undertake to inform.....Cricket Club should any of the information contained in this form change.

Signature: _____

Print Name: _____

Relationship to child or Vulnerable Adult: _____

Date: _____