

# Consent Form (Senior)

No.	_____
	_____
	_____



**Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**PostCode:** \_\_\_\_\_ **Telephone:** \_\_\_\_\_

**Email:** \_\_\_\_\_ **Mobile:** \_\_\_\_\_

## AUTHORISATION

In the event of serious illness or accident, I \_\_\_\_\_ give my authority to the named club instructor/s or their representatives, to sign on my behalf any written forms of consent required by medical authorities for medical attention in such case when the delay in obtaining my own authority is considered inadvisable by the doctor or surgeons concerned.

## MEDICAL HISTORY

Do you suffer from Asthma? **Yes / No \*** (\* Delete as appropriate)

Diabetes? **Yes / No**

Epilepsy? **Yes / No**

Any other Medical Conditions (please give details) \_\_\_\_\_

Do you have an allergy to penicillin? **Yes / No**

Any other Allergies (please give details) \_\_\_\_\_

## DOCTORS

**Doctor's Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**PostCode:** \_\_\_\_\_ **Telephone:** \_\_\_\_\_

(For use of hospital staff, if required. All attempts will be made to contact your emergency contact first.)

Do you object to your information being held on computer? **Yes / No**

I understand and accept the club rules and codes of conduct.

**Signature of Parent / Guardian** \_\_\_\_\_ **Date** \_\_\_\_\_

## EMERGENCY CONTACT (who to contact in the event of an emergency)

**Name:** \_\_\_\_\_ **Relation** \_\_\_\_\_

**Address:** \_\_\_\_\_

**PostCode:** \_\_\_\_\_ **Telephone:** \_\_\_\_\_ **Mobile:** \_\_\_\_\_