

# Medical Consent Form

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This form should be completed by a parent/guardian before your child can participate in any activities. One form should be completed for each student. If you are over the age of 16, we advise you also complete the form.

**Name of Student:** \_\_\_\_\_

**D.O.B:** \_\_\_\_\_

**Emergency Contact Number:** \_\_\_\_\_

**Name of Doctor / Address:** \_\_\_\_\_

\_\_\_\_\_

**Any specific medical conditions requiring medical treatment and/or medication? (give details)**

\_\_\_\_\_

**Any allergies?**

YES (give details): \_\_\_\_\_

NO

**Any contact with contagious or infectious diseases within the last four weeks?**

YES (give details): \_\_\_\_\_

NO

**List any special dietary requirements and type of pain/flu medication that may be given.**

\_\_\_\_\_

I \_\_\_\_\_ being parent/guardian of the above named child hereby give permission for the Leading Tutor to give the immediate necessary authority on my behalf for any medical or surgical treatment recommended by competent medical authorities, where it would be contrary to my son/daughter's interest, in the doctor's medical opinion, for any delay to be incurred by seeking my personal consent.

**Parent / Guardian Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_