

# Cliftonville YBC

## Medical Consent Form

This form should be completed by a parent/guardian before your child can participate in a club activity. One form should be completed for each child/young person.

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

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

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

Post Code: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

Contact Address (if different to above): \_\_\_\_\_  
\_\_\_\_\_

Post Code: \_\_\_\_\_ Telephone Number: \_\_\_\_\_  
(if different to above)

Name of Doctor: \_\_\_\_\_

Doctor's Address: \_\_\_\_\_  
\_\_\_\_\_

Doctor's Telephone No: \_\_\_\_\_

Child's Medical Number: \_\_\_\_\_

Any specific medical conditions requiring medical treatment and/or medication?

Any allergies?  Yes  No If Yes, give details below:

\_\_\_\_\_  
\_\_\_\_\_

Please provide details of any special dietary requirements and the type of pain/flu medication that may be given.

\_\_\_\_\_  
\_\_\_\_\_

Parental Consent (to be signed for members under 18 years)

I, being parent/guardian of the above named child hereby give permission for an authorised club official 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.

Name: \_\_\_\_\_ Signature: \_\_\_\_\_  
(consent by parent/guardian)

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

NB. Please note that a young person can give their own consent for medical treatment if they are over 16.