



## Medical Consent Form 2016

### **Sailor Details**

Name \_\_\_\_\_ Date of Birth: \_\_\_\_\_

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

### **Emergency Contact Details**

Emergency Contact (whilst at the event) \_\_\_\_\_ Relationship \_\_\_\_\_

Emergency Contact phone number (whilst at the event) \_\_\_\_\_

Does your child have any medical conditions? If so please state \_\_\_\_\_

\_\_\_\_\_

Does your child have any allergies? If so please state \_\_\_\_\_

\_\_\_\_\_

Is your child currently on any medication? If so please state \_\_\_\_\_

\_\_\_\_\_

### **Doctor Details**

Childs' GP Name \_\_\_\_\_ GP Contact Number \_\_\_\_\_

GP Address \_\_\_\_\_

In the event of an emergency I do/do not give the organizers of the IODAI event the permission to seek medical attention for my child, in my absence.

Parent/Guardian Signature \_\_\_\_\_

Parent/Guardian (Print Name) \_\_\_\_\_