

Tilehurst Junior Youth Club

Tilehurst Youth and Community Centre
23 The Triangle, Tilehurst, Reading
Telephone 0771-2455900

Medical Consent Form

This form must be completed by the parents of guardian of any child under the age of 18 years.

Name of Participant Address Home telephone number Mobile Date of Birth	Address of next of kin DURING PERIOD OF ACTIVITY Name Address Telephone number Home Work Mobile	Doctor Name Address Telephone Number () Date of last tetnus injection.
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Details of any medical conditions / disabilities. eg epilepsy or allergies to medication, plasters etc. 	Details of any current medical treatment including medication.
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My child can / cannot swim 25 metres / 50 metres / over 50 metres Delete as appropriate	Details of any dietary requirements.
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I acknowledge receipt of and understand the information regarding the proposed visit to:
_____ and consent to _____ participating.

- ◆ I am in agreement that the youth co-ordinator may give permission for the participant to receive medical treatment in cases of urgency.
- ◆ I have ensured that my child understands the information which we have given about the trip and that they understand the need to carry out instructions given by staff for their own safety and that of the group.
- ◆ I undertake to inform the Youth Club Co-ordinator of any changes to the above information before the trip takes place.

Signed _____ Parent / Guardian Date _____