CNS Sports Stars - CONFIDENTIAL PARENTAL CONSENT FORM

1.		Medical information	n, declarations and consei	nt	
	a) Son/daughter's NAME AND DATE OF BIRTH :				
b)	Does your son/daughter suffer from any conditions of which the staff should be aware: YES/NO If YES, please give details of anything the leader needs to know about to safety care for your child e.g. illness, sick allergies)				
С)		Details of any medical	ation		
	Na	me of medication	Dosage	Times of day or circumstances to be given	Method of administration
Any	spe	cial precautions, side	effects of medication etc:	<u> </u>	1
prov	/isioı	n. I understand the sta	aff leading the visit are not q	the above medication which I will deliver to th qualified medical practitioners but that they will spond appropriately should emergency treatm	take reasonable care in th
l gi	ve n	ny consent ** for son	daughter to self-administer	the above drugs.	
d)			ast four weeks that may be,	ughter been in contact with any contagious or , or become, contagious or infectious? :	infectious diseases or YES/NO
e)		Is your son/daughter allergic to any medication: If YES, please specify.			YES/NO
f)		I undertake to inform	n CNS as soon as possible	of any change in the medical or other circums	tances
,	g)	I agree to my son/daughter receiving emergency medical treatment, including anaesthetic and blood transfusion, as considered necessary by the medical authorities present.			
h) Name, address and telephone number of family doctor:				•	
	2.	Any other relevant information (Please provide NHS number if known and/or home postcode so that medical records can be found quickly on hospital systems if this became necessary).			
5.		Parent/Carer Signa	ture		
		Date:	Sig	gned:	
		Full name (capitals):			