

Westst+ Plus Cricket Academy Medical Consent Form

Consent to Medical Treatment

The following information and consent is requested to ensure the health and well-being of all children participating in Westst+ Plus Cricket Academy activities. The information contained in this form is confidential and will only be used to safeguard and promote the child/ health and well-being should the need arise.

Name of child: _____

Date of Birth: _____

Name of GP: _____

GP Address: _____

GP Surgery Telephone: _____

Please provide details of any pre-existing medical conditions that may affect the child/vulnerable adult's participation in the activity/event programme: _____

Details of medication or treatment required: _____

Details of any existing injuries (include when injury occurred and treatment received): _____

Details of any allergies, including allergies to medication: _____

Parent/Guardian/Legal Carer

I, _____ (name of parent/guardian/legal carer) consent to _____ (name of child/vulnerable adult) receiving medical treatment, including anaesthetic, which the medical authorities present consider necessary.

I undertake to inform Westst+ Plus Cricket Academy should any of the information contained in this form change

Signature: _____

Name: _____

Relationship to child/vulnerable adult: _____

Date: _____