

### **Medical Consent Form – under 18 years old**

To be completed by the parent or guardian of a student under 18 years old

Name of Child:			
Date of Birth:	Day:	Month:	Year:
Name of Parent or Guardian:			
Address of Parent or Guardian:			
Telephone number of parent/ guardian:			
Email address of parent/guardian:			
Please list any medical needs or allergies that your child might have.          If none then please write: <i>None</i>			

In the event of my child needing medical attention, I agree to them being referred to a qualified doctor and following their advice. This may include hospitalisation, operation in case of emergency, and/or to be given medication.

Name of Parent/Guardian: .....

Signature of Parent/ Guardian:.....

Date: .....