



PARENTAL CONSENT FORM – 2011
Medical, Transport, Photographs.

Name of Junior

Address

.....

.....

Post Code

Telephone Number Date of Birth

The safety and welfare of the juniors in our care is paramount, and it is therefore important that we are aware of any illness, medical condition and other relevant health details in order that their best interests are addressed. Please complete this form with our assurance that the information will be treated as confidential.

Name of Juniors Doctor

Doctor's Address

.....

Doctor's Telephone Number

.....

My Daughter is in good health?Yes / No

Does your Daughter suffer from asthma, diabetes, epilepsy, hay fever, migraine or other illness?
Yes/No.....If yes, please give details

.....

.....

Is your daughter allergic to anything (e.g. antibiotics, aspirin, or other medicine, food, etc).
Yes / NoIf yes, please give details

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What was the date of your daughter's last tetanus injection?.....



In the unlikely event of my daughter requiring medical treatment due to accident or illness, I consent to my daughter receiving essential treatment, as necessary, when prescribed by a qualified medical practitioner or first aider.

SignedParent/ Guardian

Name of Parent or Guardian.....

Telephone Numbers. Home.....

Work.....

Mobile.....

Please provide the details of an alternative person we may contact, should we be unable to make contact with you.

Name.....

Address.....

.....

.....

Telephone Number.....

In any such event every effort will be made to contact you. Please advise us of any amendments to these details.

We also seek consent that you are happy for the Junior Organiser and helpers to transport your daughter in their cars if it should be necessary.

Transport Consent

Signed (parent / guardian)

Print NameDate

Photographic Consent

Signed (parent / guardian)

Print NameDate

Please return form to Pat Jones (County Junior Officer)