

UK Christadelphian Choir

15th February 2020

Medical Consent Form

Name: _____

DOB: _____

Name of parent/guardian: _____

Contact number: _____

Dietary requirements: _____

Allergies/medical conditions: _____

Doctor's name, address & phone no.: _____

To be completed by a parent/guardian if you are under 18:

I give permission for the above named child to attend this event organised by the UK Christadelphian Choir. I will inform you if they are in contact with any infectious disease within 3 weeks of the event, and also any detail of medication being taken at the time.

In the event of an illness requiring hospital or dental treatment, should the delay in obtaining my signature be inadvisable by the health professional concerned, I authorise the event leader to sign on my behalf any written form of consent required.

He/she can/cannot be given paracetamol to relieve minor complaints.

He/she has/has not received anti-tetanus treatment in the last 3 years.

Signature of parent/guardian: _____