

HOLY INNOCENT'S PARISH

**MEDICAL CONSENT FORM
FOR ACTIVITIES AWAY FROM THE CHURCH**

DESCRIPTION OF VISIT:

DATE & TIME:

1. I agree for (name of participant) to take part in the above trip/visit and to participate in the activity indicated.
2. I agree to authorise the youth leaders to give consent on my behalf for any urgent medical treatment to be given on the advice of a qualified medical practitioner.
3. My son/daughter/ward is in good physical health. ***YES/NO**
(if **NO**, please give relevant details)

4. My son/daughter/ward ***HAS/HAS NOT** had a tetanus injection in the last three years.
5. Please give details of any medical conditions, allergies, medication, etc., being taken by your son/daughter/ward:

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6. In the event of an emergency please contact:

NAME: TEL. NO.

ADDRESS:
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DATE: SIGNED:

(* Please delete as applicable)