

DIOCESE OF TRURO
PARISH OF

Event to be attended Date

CONSENT AND MEDICAL FORM

Part A - to be completed by all participants

Full Name

Address

..... Post Code

Any medical details of which the leader(s) should be aware

.....

Part B - to be completed by all participants

Doctor's Name

Address

Telephone Number

Participant's National Health Number

Part C - Emergency Contact

Name

Address

Telephone Numbers: Home Work

Part D - to be completed by person with parental responsibility for all participants under 18

I give my permission for to attend and take part in the above named event. In case of illness or accident, I authorise:

- (a) the leader(s) of the event to sign on my behalf any written form of consent required by medical authorities, if a delay in obtaining my signature is considered inadvisable or unnecessary by the doctor or surgeon concerned.
- (b) the leader(s) to administer prescribed medication.

SignedName

Address (if different from Part C)

.....Telephone: