



MEDICAL CONSENT FORM

PARTICIPANTS NAME:

ADDRESS:

TEL: MOBILE:

DAY:

EVENING:

EMAIL ADDRESS:

DATE OF BIRTH:

I authorise PHIL BROWN and any other COACH / TRAINER on the Impulse Racing Camp, if necessary, to give consent on my behalf for an anaesthetic to be administered or for any other urgent medical treatment to be given to or surgery to be carried out on me/my child on the advice of a qualified medical practitioner.

I set out below (or on an attached note) details of any medical condition from which I/my child is suffering, together with details of the treatment required and medication currently being taken or carried, along with any **Dietary Requirements**

SIGNED:

ATHLETE/PARENT/GUARDIAN

DATE:

NAME (print):

ADDRESS: if different from above

TEL: if different from above

