

# MEDICAL FORM



TO BE COMPLETED IF A CHILD HAS A MEDICAL ISSUE E.G. ASTHMA OR ALLERGY  
OR IS TAKING ANY MEDICATION AND PARENT WILL NOT BE PRESENT DURING AN EVENT

CHILDS NAME:	AGE:	Date of Birth:
ADDRESS:		
HYF EVENT CHILD IS ATTENDING :		DATE:
<i>(Please complete a separate form for each Event)</i>		
Does your child suffer from any allergies or medical conditions that the Event Organiser should be aware of? NO <input type="radio"/> YES <input type="radio"/> If YES, please give a brief description of the condition:		
Does your child have any medication for this or any other condition? NO <input type="radio"/> YES <input type="radio"/> If YES, please give full details here:		
Is it possible that your child may need to take this medication during the HYF Event? NO <input type="radio"/> YES <input type="radio"/> If YES, can your child administer this medication him/herself? YES <input type="radio"/> NO <input type="radio"/> If NO, please note that HYF Event Organisers and volunteers can look after and hand out a child's Asthma inhaler if required, but they will <b>not</b> administer it. They also will <b>not</b> administer liquid or tablet medication and if there is a risk of severe allergic reaction where an Epi-pen, or other medication, may be required the parent (or Parent's representative) is requested to be present at all times during the event. Do you agree to ensure that you, or your representative will be responsible for administering any such medication? YES <input type="radio"/> NO <input type="radio"/>		
In the event of an accident, incident or illness do you give your permission for your son/daughter to receive emergency medical treatment by suitably qualified practitioners? YES <input type="radio"/> NO <input type="radio"/>		
In the case of an emergency I can be contacted on the following telephone numbers: Land line: _____ Mobile: _____ Name of 2 <sup>nd</sup> Emergency contact: Land line: _____ Mobile: _____		
Name, address and telephone number of child's Doctor:		
Parent's Signature:	Name (please print):	
Date:	<b>Please return this to the Event Organiser with your booking form</b>	