

MEDICAL CONSENT FORM

APPENDIX 5

The form is to be completed by parents or guardians of children that attend a NZF Skills Centre programme. It needs to be provided before the player takes part in any sessions.

I/We (Parent/Guardian) have registered our child to attend (programme) between (start date) and (end date).

I/We give permission for the administrators and/or staff Coaches to obtain necessary medical attention and treatment for my/our child for any injury and/or illness during the training sessions.

Venue: Date:

Signed: (Parent/Guardian)

My/Our child is taking the following medication (Please Specify)

Type of medication:

Medical Condition:

Family Doctor's Name: Doctor's Ph No:

RECENT INJURY HISTORY

Date	Injury (please describe)	Injury Management & Treatment (please describe)

Other comments: (Please list any allergies or other concerns – and the treatment requirements)