

**MEDICAL CONSENT FORM**

**TERM 4, 2018 October - December**

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| I, *insert parent name*  give permission for the Kaizen Football Administrator and Coaches to obtain necessary medical attention and treatment for any injury and/or illness during the Term | |
| **Signed:** type your name if sending electronically | **Date:** |

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| **MY CHILD IS TAKING THE FOLLOWING MEDICATION**  *Please specify* | | | |
| Type of Medication : | | | |
| Medical Condition : | | | |
| Family Doctor Name : | | | |
| Doctor’s Surgery Name : | | | |
| Family Doctor Phone Number : | | | |
| Is Your child currently undergoing Physiotherapy Treatment? | | | **YES/ NO** *Please remove one* |
| **RECENT INJURY HISTORY** | | | |
| **DATE** | **INJURY** *Please describe* | **INJURY MANAGEMENT & TREATMENT**  *(Please describe)* | |
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| **SPECIAL REQUIREMENTS** *Dietary requirements, allergies, etc.* |
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