

**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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