



## Jersey Young Breeders Weekend (24<sup>th</sup> – 26<sup>th</sup> May) Medical Consent Form



**Consent to medical treatment (please complete one medical form per event attendee)**

The following information and consent is requested to ensure the health and well-being of all members participating in Jersey Youth activities. The information contained in this form is confidential and will only be used to safeguard and promote the health and well-being of the adults should the need arise.

NAME:	ADDRESS:
DOB:	
GENERAL PRACTITIONER NAME, ADDRESS & CONTACT NUMBER:	

**IMPORTANT:** Please provide details of any pre-existing medical conditions such as asthma, hay fever, migraine, fits / faints, diabetes or other recurrent illness / disability. Failure to do so may result in unnecessary action (such as calling an ambulance) being taken during the event.

CONDITION:	DETAILS OF MEDICATION / TREATMENT REQUIRED:

DETAILS OF ANY KNOWN ALLERGIES (e.g. food, medicines, plasters)
DATE OF LAST TETANUS INJECTION:

***In the unlikely event of a medical emergency every possible effort will be made to contact you. However, we seek your agreement that your child may receive emergency medical treatment if the situation arises. If you do not agree it will not necessarily exclude your child from participating, but we would be grateful if you would discuss this matter, please contact the Society's National Office on Tel: 01926 484035***

***Parent / Guardian / Legal Carer Consent (required for Young members 18 years or under)***

*I .....consent to my son / daughter (please insert name)..... receiving any necessary medical treatment and understand that this may include transfer to hospital by ambulance and further treatment including anesthetic. I hereby give authority to the adult in charge to sign any document required by the hospital authorities on my behalf.*

***Please cross through the following statement if not appropriate:***

I also give consent for my child to receive treatment for minor injuries such as insect bites, stings, headaches, minor cuts, sunburn etc. Any of the above may include administration of creams or sprays, paracetamol and plasters.

SIGNATURE:	
RELATIONSHIP TO YOUNG PERSON:	
PRINT NAME:	DATE:
HOME TELEPHONE:	EMERGENCY CONTACT NUMBER:

***Adult Member consent (over 18 years of age):***

I, ..... consent to receiving any necessary medical treatment, and understand that this may include transfer to hospital.

SIGNATURE:	
PRINT NAME:	DATE:
HOME TELEPHONE:	EMERGENCY CONTACT NUMBER: