# **Consent to Emergency Medical/Surgical Care/ Treatment**

It may be essential some time for the Club or Event organiser accompanying the child or adult at risk to have the necessary authority to obtain any urgent treatment which may be required whilst attending Club activities, competition or training. Would you therefore complete the details on this form and sign below to give your consent.

I       Parent  Carer

For       Child  Adult at Risk

hereby give permission to the person responsible for the activity for e.g. (the coach, instructor, trainer, assessor club/event official) to immediately give the necessary authority on my behalf for any medical or surgical treatment recommended by competent medical authorities, where it would be contrary to my son/daughter's interest or (an adult at risk), in the doctor's medical opinion, for any delay to be incurred by seeking my personal consent.

Parent/Guardian/Carer’s Signature:

Print name:

Date:

This form or a copy of the information MUST be taken by the person in charge of the activity.