



## MEDICAL CONSENT FORM

\*All information supplied is confidential to management and staff of Kandahar Racing.

### TRAINEE INFORMATION

Name	
D.O.B	
Doctors Name/Surgery	
Surgery phone number	

### MEDICAL HISTORY

Has your child required treatment for any of the following conditions?	YES	NO
Diabetes		
Asthma		
Travel Sickness		
Migraine		
Bone or joint disease		
Psychological or behavioural conditions, learning difficulties		
Fits, convulsions or epilepsy		
Repeated tonsillitis		
Food or medical allergies		
Is your child currently on any medication?		
Does your child have any special dietary needs?		
Has your child suffered any recent injuries?		
Is there any medical condition not mentioned that we should be aware of?		
Shown any symptoms of COVID-19 or been in a household with anyone showing symptoms within the last 14 days prior to departure ( If yes please contact <a href="mailto:info@kandaharracing.com">info@kandaharracing.com</a> immediately		

If answered YES to any of the above – please give details here:

\*Please ensure that Kandahar Racing have a valid copy of your child's EHIC.

I give consent for management and staff of Kandahar Racing to give my child first aid and minor medical treatment. Please note that we would only be giving your child pain relief, cold or cough treatments, or treatments for stomach upsets. Any medicines required during the camps should be well labelled with dosage instructions and handed directly to a member of the Kandahar staff on arrival at the camp meeting point.

Signature..... Name..... Date.....