



MEDICAL FORM

BIRMINGHAM YOUNG ARCHAEOLOGISTS CLUB

Dear Parent/Guardian

Confidential

To help the organisers and the applicant could you please complete the following details:

Name of young person _____ **DoB** _____

Is there any specific medical condition that we should be aware of e.g. asthma, fits, diabetes etc?

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Is the young person receiving any medical treatment at the present? Yes/No

If yes please give details.....

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Date of last tetanus injection (if known).....

Parent or Sponsors address and telephone number in case of emergency

Name.....Telephone.....

Address.....

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Doctors address and telephone number

Name.....Telephone.....

Address.....

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Declaration

In the event of illness or accident requiring emergency hospital treatment, I authorise a BYAC Leader to sign on my behalf any written form of consent required by the hospital authorities, if the delay required to obtain my own signature is considered inadvisable by the surgeon concerned.

Parent/Sponsor.....Date.....