 **MEDICAL CONSENT REVIEW FORM**

Name……………………………………………………………………………………….

If there have been ANY changes to contact details e.g address/telephone number, or in case of emergency contacts please detail below:

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DO YOU GIVE CONSENT FOR YOUR CHILD’S PHOTO (NO NAMES) TO BE USED ON SOCIAL MEDIA:

YES…………………………… NO……………………………………. (please initial the one that applies)

THIS INFORMATION IS GIVEN IN CONFIDENCE TO ENSURE THE MEDICAL NEEDS OF YOUR CHILD ARE MET. IT IS YOUR RESPONSIBILITY TO UPDATE US IF THIS CHANGES IN ANY WAY AFTER COMPLETING THIS FORM.

**Has your child’s health, allergies or dietary needs changed, please detail:**

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**What is the treatment plan for your child, please detail:**

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**Please detail medication that will be brought to club and events which you are happy for your child to self- administer (NAME, DOSAGE, DIRECTIONS OF USE):**

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(Continue overleaf if necessary)

Signed……………………………………………………………………………..(parent/guardian)Date……………………………………………..

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|   | My Time for Young Carers C/O VAMS The Old Town Hall, The Parade, Epsom, Surrey KT18 5BY |

E: admin@mytime4youngcarers.org W: www.mytime4youngcarers.org

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