



APPENDIX VII

Medical Consent/Screening Form & Questionnaire

CONSENT TO MEDICAL TREATMENT

The following information and consent is requested to ensure the health and well-being of all children and adults participating in Ice hockey activities. The information contained in this form is confidential and will only be used to safeguard and promote the child and adults health and well-being should the need arise. IHUK/SIH-UK may have to use the information provided to complete a Risk Assessment for IHUK/SIH-UK Insurance and for protection of all other participants in the sport.

Please complete the blue sections and keep a copy for your records.

Name of child / adult		
Date of Birth		
Address		
	Postcode	

Name of General Practitioner		
Address		
	Postcode	
Contact Telephone Number		

Please provide full details of any pre-existing medical conditions, including any special needs:

--



Scottish Ice Hockey - UK



Details of any medication or treatment required	
Details if currently attending hospital, physician, or any other medical professional	
Details of any injuries <i>(include when injury occurred and the treatment received or currently receiving)</i>	
Details of any allergies, including allergies to medication	

Adult Member only (over 18 years old)

I, consent to receiving medical treatment, including anaesthetic, which the medical authorities present consider necessary.

I also understand that withholding any information regarding any medical condition that may put me or other participants in the sport at risk and comes to light at a later date is solely my responsibility and will make my registration null and void.

I undertake to inform IHUK / SIH-UK should any of the information contained on this form change.

I understand that completion of this form does not automatically allow registration.

Signature	
Print name	
Date of signing	
Contact Telephone Number	
Mobile	
Email	
Name, relationship, and telephone number to call in any emergency	



Scottish Ice Hockey - UK



Parent / Guardian / Legal Carer

I, consent to

receiving medical treatment, including anaesthetic, which the medical authorities present consider necessary.

I also understand that withholding any information regarding any medical condition that may put my child or person in my charge or other participants in the sport at risk and which comes to light at a later date is solely my responsibility and will make any registration null and void.

I undertake to inform IHUK / SIH-UK should any of the information contained on this form change.

I understand that completion of this form does not automatically allow registration.

Signature		
Print name		
Relationship to child		
Date of signing		
Address (if different from above)		
	Postcode	
Contact Telephone Number		
Mobile		
Email		
Alternative Contact, relationship, and telephone number to call in any emergency		