



NG Road Racing Club

www.ngroadracing.org
(Affiliated to the ACU)

Medical Consent Form

I, the parent / guardian* of

Give permission to the medical personnel / staff / volunteers participating in activities during the period

NG Road Racing 2010 Season

To administer any relevant treatment or medication to the named participant, when / if necessary. I shall inform the organising club of any known conditions and medication requirements.

In addition, if the case arises, I authorise the members of the medical personnel / staff/ volunteers to take my son/daughter and give full permission for any treatment required to be carried out in accordance with the hospital's diagnosis. I understand that I shall be notified as soon as possible, of the hospital visit and any treatment given by the hospital.

Parent /
Guardian's*
Consent

Signature

Name

Please Print

Relationship
to Participant

*Delete as applicable