

MEDICAL CONSENT FORM

Name of trainee:.....

I agree that in the event of an accident/illness whilst training that basic medical advice/treatment may be administered by the Xscape Race Team Coaches pending the arrival of medical emergency services if the latter are deemed necessary.

Please indicate if your child/trainee has any ongoing medical condition(s) that you feel the coaches should be aware of:

e.g. Allergies, asthma, diabetes, epilepsy, autism etc.

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Signature

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Print Name

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Date