



We Serve

Name of Lions Club: _____

Information and Consent Form

* Delete as applicable

Please continue overleaf if necessary

Type of event: _____

Where taking place: _____

Date of event: From: _____ To: _____

Name of person attending the event: _____

Address: _____

Date of birth: _____ Telephone Number: _____

Name address and telephone number of emergency contact: _____

Name address and telephone number of Doctor: _____

Are you receiving any medication or treatment at present: **YES*/NO***

If **Yes** please give details: _____

Are you allergic to anything? (Antibiotics, any particular food or drug etc.) **YES*/NO***

If **Yes** please give details: _____

Emergency Treatment

In the event of being unable to make a decision I **Do*/Do Not*** give my permission for the Lions Club member in charge or named deputy or First Aider to sign for emergency treatment deemed necessary by a doctor.

Signature: _____ Dated: _____

Parent*/Guardian*/Carer* Consent

I am willing for (name) _____ to attend the above Lions Club event and I verify the information contained on this form as being correct.

Signature: _____ Dated: _____

This information will be held in strictest confidence