



MEDICAL CONSENT FORM:- B.S.M.A SERIES 2010

I, the parent / legal guardian * of:

give permission to the medical personnel / staff / volunteers participating in Motocross during the Events of:-

DATES OF EVENTS	20 & 21 03/2010	10 & 11/04/2010	8 & 9/05/2010
	24 & 25/07/2010	28 & 29/08/2010	02 & 03/10/2010

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 medical / personnel / staff / volunteers to take my son / daughter to hospital 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 / Legal Guargian's * consent

_____ (signature)

Name _____ (please print)

Relationship to participant _____

THIS CONSENT IS REQUIRED TO VALIDATE YOUR ENTRY.

* *delete as applicable*