



MEDICAL DECLARATION FORM

Full Name:

Date of Birth:

Address:

Medical Condition or Special Need (please give details):

On-site Medication Required (if applicable):

Daily Medication (if applicable):

Parent/Carer Name (If child is under 18 years of age):

Emergency Contact Number:

I give permission for Ozone Rink First Aid trained staff to care for my child in the event of an emergency until a professional arrives on site.

Signature:

Date:

Once completed and signed, please email this form back to medical@ozonerink.co.uk