

**Consent Form for Medical Examination and Treatment
in case of emergency**

Name of Student	
Date of Birth	
Identity Card Number	
Name and surname of father/legal guardian	
Name and surname of mother/legal guardian	
Postal Address	
Mobile numbers and Home landline	
Allergies/ other medical conditions	

Should a medical emergency arise and your son/daughter needs urgent care, if you cannot be reached to give your consent to treatment, such treatment will be delayed.

Experience has taught us that sometimes situations may arise which require immediate medical attention. By means of this consent form I/we am/are giving my/our permission to the National Sport School concerned to act without our consent and treat my/our child without delay. However, if such circumstances should occur, the National Sport School must inform me/us as soon as possible.

I/we hereby grant my/our permission to the Medical Authorities of the National Sport School to provide any medical treatment my/our son/daughter may require in an emergency and also to carry out necessary medical tests from time to time and in situations where I/we am/are not present. It is my/our understanding that I/we will be informed as soon as possible.

Signature of Father/Legal Guardian

ID Card Number

Signature of Mother/Legal Guardian

ID Card Number

Date _____

Applications are open as from Friday 14th October 2022. Closing date for submission of applications is noon, Friday 28th October 2022 and these can be submitted at the Customer Care Section, Ministry for Education and Employment, Great Siege Road, Floriana (opening hours are Monday to Saturday from 8am till 1pm and Wednesdays from 4:30pm till 7pm) or the Innovation Hub, Triq il-Pitkalija, Xewkija, Gozo (opening hours are Monday to Friday from 8am till 5pm).