

Event Participant Consent Form for Medical Emergencies

This **event participant consent form** sample is designed to authorize medical intervention in case of emergencies during events. It ensures that organizers have the necessary permissions to provide timely medical care. This form is essential for safeguarding participants' health and safety.

Participant Information

Full Name:

Date of Birth:

Emergency Contact Name:

Emergency Contact Phone Number:

Relevant Medical Conditions or Allergies:

Consent for Medical Treatment

I, the undersigned participant (or parent/guardian if under 18), hereby authorize the event organizers and their designated medical staff to administer first aid and/or arrange for medical treatment as deemed necessary in the event of an emergency during my participation in this event. I understand that all reasonable efforts will be made to contact my emergency contact prior to any medical intervention, if possible.

☐ I have read and agree to the terms above.

Participant or Parent/Guardian Signature:

Date:

Submit