



# General practitioner or local physician clearance

## Veteran Mentors Physical and Mental Clearance Program Attendance Form

### Overview:

A medical clearance from your medical practitioner is required prior to participate in any Veteran Mentors Programs. The Veteran Mentors Programs are a 9-day program for children aged between 12-17, designed to challenge physical and mental boundaries. To ensure our participants safety it is required all participants have medical clearance from their GP or Physician. This form is required to be completed by your treating practitioner signed and dated. Failure to obtain this clearance, will mean the individual is unable to attend our programs.

The completed Medical Clearance Form **MUST** be presented to Veteran Mentors prior to program attendance.

### Participants details:

Parent / Guardian Name

Parent / Guardian Signature:

Signature

Child / Participant Name

Date:

Proposed Veteran Mentors Camp & Date:

### Doctor | Practitioner to Complete

To the Doctor: Veteran Mentors considers the safety of its participants to be of paramount importance. The above participant has registered their attendance in our 9-day camp and we require medical clearance to enable their attendance.

### PRACTITIONER DETAILS:

Surgery Name:

Doctor's Name:

Phone Number:

Email:

Patient Name:

Diagnosed Condition: Please list any diagnosed conditions such as ADHD, ASD, ADD, ODD, EPILEPSY, DIABETES etc.

Mental State: Please list any history of mental health issues including self-harm, abuse etc.

Medication Required:

Dosage:

How often required:

Physical Clearance:

Yes  No

Mental Clearance:

Yes  No

Additional Comments:

Doctor Signature

Signed:

Date:

Surgery Stamp: