

Kelso High School Hockey - Consent Form 2018 - 2019

Childs Name: _____ DOB: _____

Parent's Name: _____ Contact Numbers: _____

Address: _____ (H) _____

_____ (W) _____

Postcode: _____ (M) _____

E-mail Address _____

Other Emergency Contact:

Name: _____ Contact Number: _____

Child's Medical Details (To be completed by the child's parent / guardian)

Is your child taking any medication? If so, please state: _____

Does your child suffer from any allergies eg. penicillin, food? If so, please state:

Please note any medical conditions which you would like us to be aware of:

I consent to my child's participation in extra-curricular hockey from August 2018 until June 2019 and will ensure that they are provided with the required clothing and equipment.

I consent to Kelso High School Hockey holding the data contained on this form as part of their safeguarding process.

If any of the information contained on this form changes I will bring this to the attention of a member of staff.

I agree to my child receiving emergency medical treatment, including anaesthetic, as considered necessary by the medical authority consulted.

I also agree to pay the £35 membership fee to Kelso High School Hockey.

Signature: _____ Date: _____