



**CONSENT FORM FOR PARTICIPATION IN ACTIVITIES ORGANISED BY
KNOLE SPORTS PARTNERSHIP**

Name: _____ DOB: _____

Primary School: _____

MEDICAL INFORMATION (**please delete where applicable*)

Does your child suffer from any condition requiring medical treatment? If YES, please give details:	*YES/NO
Does this involve medication? If YES, please give details:	*YES/NO
Does your child suffer from any known allergies? (e.g. medication?) If YES, please give details:	*YES/NO
When did your child last have a tetanus injection?	DATE: _____
Name of family doctor _____ Address of surgery _____ Telephone number _____	

EMERGENCY CONTACT INFORMATION

(This person must be easy to contact and have parental responsibility)	
Name:	_____
Address:	_____ _____
Daytime telephone number:	_____
Evening telephone number:	_____
Mobile:	_____

PLEASE READ AND SIGN THE DECLARATION BELOW

Declaration	
I/We will inform Knole Sports Partnership staff, as soon as possible, of any changes in the medical or other information given here.	
I/We realise that Knole Sports Partnership accepts no responsibility for the loss, damage or theft of any items, but staff will make every effort to ensure that loss, damage or theft does not occur.	
I/We agree to collect my/our child at the stated time, and to contact the school immediately if there will be any delay.	
I/We agree/do not agree to pictures taken of my child being used for promotional documents by Knole Sports Partnership.	
I/We agree/do not agree to pictures taken of my child being used in the media.	
I/We agree to my/our child receiving medication as instructed, and any emergency dental, medical or surgical treatment, including anaesthetic or blood transfusion, as considered necessary by the medical authorities present.	
Signed: _____	Dated: _____
Name printed: _____	