

**Smithills Sports Centre.**  
**Dates throughout this term Jan to April 2009**  
**Meet @ sports centre 8.15pm**



Consent and Medical Information  
( in confidence)

**Personal details**

- Name \_\_\_\_\_
- Address \_\_\_\_\_

**Emergency Contact details**

- Home tele Number \_\_\_\_\_
- Emergency /Mobile Tele number(s) \_\_\_\_\_

**Medical information about you son/ daughter**

- Does he / she take any regular medication  
If so please give details
- Is he / she allergic to any medication
- Are there any other considerations we should know of bearing in mind  
the activity we shall be undertaking? If so please give details

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- Has he /she received a tetanus injection in the last 10  
years? \_\_\_\_\_

- Family Doctor name and address& tele  
number \_\_\_\_\_

**Dietary considerations**

- Please advice of any dietary considerations we should take into  
account \_\_\_\_\_ N/A \_\_\_\_\_

**Consent**

I agree to \_\_\_\_\_ taking part in the above activity and for the  
transport being provided by leaders and parents.

Signed ( parent) \_\_\_\_\_ Date \_\_\_\_\_

Please give any additional information on the reverse of this form.