

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.