
CONSENT FORM

THIS CONSENT FORM IS DESIGNED TO COVER ALL EXTRA-CURRICULAR SPORTING ACTIVITIES, INCLUDING FIXTURES, ORGANISED THROUGH THE PE DEPARTMENT LEAD BY AN APPOINTED RESPONSIBLE TEACHER/LEADER.

I, the undersigned, as a parent/guardian of

declare that:-

My son/daughter is in the full charge of the leader of the party during the activity and I authorise the leader of the party to act on my behalf in matters concerning the safety and welfare of my son/daughter.

I shall be responsible for any expense not otherwise recoverable, which may be incurred by the party leader due to sickness of, or accident to, my son/daughter.

Should the necessity arise, I agree to the person in charge giving consent on my behalf for an anaesthetic to be administered or for any other urgent medical treatment to be given.

DATE: SIGNED:

STUDENT'S NAME :

FORM: DATE OF BIRTH:

ADDRESS:

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TELEPHONE NO: (Home) (Business)

IS YOUR SON/DAUGHTER ALLERGIC TO ANYTHING OR DOES HE/SHE SUFFER FROM ANY OTHER CONDITION, WHICH WE SHOULD KNOW ABOUT?

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Students are reminded that it is their responsibility to ensure subject staff have been consulted regarding work missed due to a sporting commitment.