

SHETTLESTON HARRIERS

Health Information & Consent Form

Name:	Date of Birth:
Address:	Tel No. for contact during training, in case of emergency:
Telephone No. Mobile No.	Day: Evening:

Name of alternative emergency contact, if you are unavailable:	Telephone No: Day: Evening:
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Name of GP:	National Health No.
GPs Tel No.	Date of last Tetanus:

Details of any illness or disability about which coaches should be aware.(Please notify us of any updates including changes in medicines as soon as possible)

Details of any medication required(all medication brought to training should be labelled correctly and clearly with name and dose required}

Can your child take their own medicines? Yes No (please tick)

Details of any allergies or special dietary needs.

Parental Consent:(to be completed if under 16 years)

In an emergency and/or if I cannot be contacted, I am willing for my child to receive necessary hospital or dental treatment, including anaesthetic.

Yes No (please tick)

Signature _____ (parent or adult with parental responsibility)

Adult Consent:(to be completed if 16 years or over)

In an emergency and/or if I cannot be contacted, I am willing for my child to receive necessary hospital or dental treatment, including anaesthetic.

Yes No (please tick)

Signature _____

CAMERAS: If you Object to your child's image or your own image(if 16 years or over)being taken or used to promote the club(ie media/website) sign here. It is your responsibility to make event organisers aware of your objection.

Signature _____ (parent or adult with parental responsibility)