

PARENTAL CONSENT FORM – AWAY TRIP

Parental Consent Statement

- I agree to my child’s participation in **Condover Hall Activity Weekend 5th- 7th May 2017**.
- I have completed medical details below, and consent that, in the event of any illness or accident, any necessary treatment can be administered to my child, which may include the use of anaesthetics.
- I understand that, while the adult officials will take every precaution to ensure that accidents do not happen, they cannot necessarily be held responsible for any loss, damage or injury caused to my child and/or her belongings.
- I acknowledge the need for my child to behave responsibly.

Young Person’s Details* (please PRINT clearly)

First Name				Surname			
Age		DOB		School Year		School	
Home Address							

Travel Arrangements

Consent (please print clearly)

I, (parent/carer name) give permission for the child named above to be transported on:

Date: **5th and 7th May 2017** By: **Tracy Cowell (MiDAS qualified)**

Club role: **Coach** Club: **Newman Netball Club**

Venue pick up address	St. Mary’s Church Hall, Cop Lane Penwortham PR1 0SR	Venue drop off address	St. Mary’s Church Hall, Cop Lane Penwortham PR1 0SR
Time of pick up	TBC	Time of drop off	TBC
Scheduled stops	1	Total journey mileage	100 approx.
Estimated travel duration:		3 Hours	0 Minutes

Young Person's Medical Information

Does your child have:			
Any allergies	Yes <input type="checkbox"/> No <input type="checkbox"/>	If Yes, please specify	
Medication	Yes <input type="checkbox"/> No <input type="checkbox"/>	If Yes, please specify	
Any Impairment	Yes <input type="checkbox"/> No <input type="checkbox"/>	If Yes, please specify	
Any disability	Yes <input type="checkbox"/> No <input type="checkbox"/>	If Yes, please specify	
Other	Yes <input type="checkbox"/> No <input type="checkbox"/>	If Yes, please specify	
Doctor's Name		Doctor's Surgery	
Doctor's Tel no		Surgery Address	
<i>I confirm that, to the best of my knowledge, my child does not knowingly suffer from any medical condition other than those detailed above and that I will inform England Netball if this changes.</i>			
Parent Name Printed:		Parent Signature:	
Relationship to Child:		Date:	
☎ Contact Tel No 1		☎ Contact Tel No 2	

Contact on Site for emergencies only

Name	Tracy Cowell	Name	Emily Cowell
Number	07894827739	Number	07757418207

Please familiarise yourself and your child with Newman Netball Club's policies, these can be found on our website www.newmannetballclub.co.uk.

I understand and will adhere to Newman Netball Club's policies.

Signed by Young Person:		Signed by Parent/Carer:	
Date		Date	