

Kelso High School Hockey - Consent Form 2019 - 2020

Childs Name: _____ DOB: _____

Parent's Name: _____ Contact Numbers: _____

Address: _____ (H) _____

_____ (W) _____

Postcode: _____ (M) _____

E-mail Address _____

Other Emergency Contact:

Name: _____ Contact Number: _____

Child's Medical Details (To be completed by the child's parent / guardian)

Is your child taking any medication? If so, please state: _____

Does your child suffer from any allergies eg. penicillin, food? If so, please state:

Please note any medical conditions which you would like us to be aware of:

I consent to my child's participation in extra-curricular hockey from August 2019 until June 2020 and will ensure that they are provided with the required clothing and equipment.

I consent to Kelso High School Hockey holding the data contained on this form as part of their safeguarding process.

If any of the information contained on this form changes I will bring this to the attention of a member of staff.

I agree to my child receiving emergency medical treatment, including anaesthetic, as considered necessary by the medical authority consulted.

I also agree to pay the £35 membership fee to Kelso High School Hockey.

Signature: _____ Date: _____

FACEBOOK CONTACTS

Please write below the name of your Facebook contact(s) so that we can accept them on to our Facebook Page:-

1. _____
2. _____
3. _____
4. _____

Should you NOT be on Facebook and not wish to be, please write down your name and the mobile number you wish to be used to contact you on a group text.

Name: _____

Mobile Number: _____

For parents/guardians of S2, S3, S4, S5 and S6 ONLY

I give / do not give consent to my child being contacted via email, text or social networking site for the purposes of Kelso High School Hockey.

I do / do not wish to be copied in to these messages.

Name of Child: _____

Child's Mobile Number: _____

Child's Email Address: _____

Signature: _____

Date: _____