

## Parental Consent and Emergency Contact Form

Child's/Young Person's name		
Date of Birth		
Current Postal Address		
Name of Emergency Contact (please state relationship to child/young person)		
Contact Telephone Number		
Additional contact telephone number/details e.g. in the rare event of the training day ending early or if the child/young person needs collecting due to illness		
Please state any known medical conditions that may affect the child/young person during the session and your preferred course of action:		
Does your child/young person require medication or use medical equipment?	<b>YES/NO</b> <b>(If YES please provide details):</b>	
Is your child/young person to the best of your knowledge allergic to any medication or any other substances?	<b>YES/NO</b> <b>(If YES please provide details):</b>	
<p><i>By signing this form I am agreeing to the following for my child:</i></p> <ul style="list-style-type: none"> <li>- Full participation in the Academy Training Days</li> <li>- Agreement that medical treatment may be administered by an authorised health professional in case of emergency</li> </ul>		
Signed (Parent)	Printed	Date

The above information will be treated with the strictest confidence.