

Consent and Emergency Contact Form

Your details (if U18 must be the parent/carer)

Name:		
Address:		
Contact details:	Phone: Mobile:	Email:

Details of the child / adult (if different)

Name:		
Date of birth:		
Address (if different from the parent/carer):		
Contact details (if different from the parent/carer):	Phone: Mobile:	Email:

Activities

I give permission for the child / adult to:	
<p>Collected from school at 3.20pm by 2 members of the Tennis Chesterfield team from St Mary's School and walk to Chesterfield Lawn Tennis Club.</p> <ul style="list-style-type: none"> • A full risk assessment has been carried out. • Foundation and year 1 children are collected directly from class. • All other year groups to meet outside Mrs Brown's office. • All children to wear high visibility jackets for the entire walk down. • All Tennis Chesterfield team members will be fully DBS checked and first aid trained. • On arrival at Chesterfield Lawn Tennis Club the children will get changed and then be supervised before their tennis sessions starts. 	<p>Yes No</p>

Child / Adult Medical/Disability History

Does the child /adult have:	
Any health needs (e.g. diabetes, asthma, epilepsy, allergies) that we should be aware of?	Yes No
Any access needs?	Yes No
Any religious or spiritual practices we should be aware of?	Yes No
Any dietary needs we should be aware of?	Yes No
Anything else which we should be aware of?	Yes No

If yes to any of the above, please provide full details e.g. time medication must be taken, if help is required to administer medication, etc. (please use additional paper if required).	
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Emergency Contact Details (if different from Parent/Carer)

Name:		
Relationship to the child or adult:		
Address:		
Contact details:	Phone: Mobile:	Email:

Confirmation

Name of parent/carer or adult (print):		Date	
Signature:			
Consent valid for the following period (please circle)	1 year		