

# Rothwell Harriers

## Medical Consent Form for people with parental responsibility

My child is in good health and I consider him/her capable of taking part in athletics. If I am in doubt of my child's health I will speak with their GP/consultant and gain their agreement for my child to undertake physical activity. I will not bring my child to training if they have an illness or injury that will impact on their ability to be included in activity.

I consent that, in the event of any illness/accident, any necessary treatment can be administered to my child, which may include the use of anaesthetics, which are necessary in the opinion of a medically qualified practitioner. I also understand that, whilst Club/Coaching Personnel will take every precaution to ensure that accidents do not happen, they cannot necessarily be held responsible for any loss, damage or injury suffered by my child.

### CHILD'S DETAILS

Surname: \_\_\_\_\_

Child's first name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_ Postcode: \_\_\_\_\_

Contact telephone nos: \_\_\_\_\_ (Home) : \_\_\_\_\_ (Mobile)

Medical information : \_\_\_\_\_

Any other relevant information (e.g. Medication /Allergies): \_\_\_\_\_

Person with parental responsibility

Name: \_\_\_\_\_ (Please print)

Signature: \_\_\_\_\_

This form should be completed and returned to KEITH PAILING or JO HESELTINE

The information on this declaration will only be made available to the club and coaching staff and first aiders and will not be passed on to any other club member.

**April 2017**