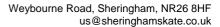


Consent form for those aged under 18 Years

Personal details	
Surname	First name
Male ☐ Female ☐	
Address	
	PostCode
Telephone number	
Date of Birth	
Passport Number	
Medical History	
Have you been in contact with any in	fectious disease within the last month?
Yes □ No □	
If yes give details	
	mplaint, hay fever, migraine, fits or faints, bad period c disease or any other illness or disability?
Yes No	
If yes give details	
Are you having any medical treatmer medicines etc. (These must be hand	nt at present? If so please give details of treatment and ed to the worker in charge)
Date of anti-tetanus injection	
Name of GP	
Telephone number	

NOTE: English law does not permit staff to give any form of pain relievers





agree that my son/daughter (named above) shall be a member of Sheringham Skate Club and that he/she shall be subject to the authority, guidance and discipline of the staff. In the event of liness or accident requiring emergency hospital treatment I authorise Committee Leaders to sign on my behalf any written form of consent required by the hospital authorities if the delay required to obtain my own signature is considered inadvisable by the doctor concerned. My address is: Post Code Telephone number confirm that I have parental responsibility for this young person	Please specify if you are vegetarian,	vegan, diabetic or have any other allergies.
that he/she shall be subject to the authority, guidance and discipline of the staff. In the event of illness or accident requiring emergency hospital treatment I authorise Committee Leaders to sign on my behalf any written form of consent required by the hospital authorities if the delay required to obtain my own signature is considered inadvisable by the doctor concerned. My address is:		
Telephone number I confirm that I have parental responsibility for this young person	Parent/Guardian	
	hat he/she shall be subject to the au Ilness or accident requiring emergen sign on my behalf any written form of equired to obtain my own signature	thority, guidance and discipline of the staff. In the event of acy hospital treatment I authorise Committee Leaders to f consent required by the hospital authorities if the delay is considered inadvisable by the doctor concerned.
I confirm that I have parental responsibility for this young person		
	Felephone number	
Signed	confirm that I have parental respons	sibility for this young person
	Signed	