

CHILD/YOUTH ENROLMENT AND MEDICAL CONSENT FORM

(Please complete the following in **BLOCK CAPITALS**)

Sport: **Venue:**

Dates:

First Name: Surname:

Address:

..... Postcode:

Tel: Mobile:

Male Female Age: Date of Birth:

Emergency Contact Number(s) if different from the above:

Who is authorised to collect your child from the session?:

Medical Information

GP's Name: Tel:

Address:

Does your child have any medical conditions we need to be aware of?

Does your child take need to bring any medication with them? Yes No

(If yes, please state medication and time:

Is your child allergic to penicillin? Yes No

Is there anything else we should be aware of to ensure your child's wellbeing? Yes No

(If yes give details:

I consent to any emergency medical treatment necessary in the event of an accident if I cannot be contacted.

Yes No

Photography

Your child may have photographs taken during activities which may be used in promotional material and publicity in conjunction with the programmes of Gateshead Council, including its website. These images will be produced within the guidelines set out by the Child Protection in Sport Unit 2.

Please tick the box if you **do not** give your permission for this and we will alert those running the session to your wishes. It is difficult to ensure an individual is not included by error in team or action shots.

Do you consider yourself to have a disability?

Physical Impairment Learning Difficulty Hearing Impairment

Visual Impairment Other (please specify:) None

Signature:

Date:

Parent/Guardian/Carer (Delete as appropriate)

Print Name:

Return to:

Sport, Physical Activity & Health Development Team,
Community Based Services, Civic Centre, Regent Street, Gateshead, NE8 1HH