



HEALTH AND CONSENT FORM



FRAMINGHAM EARL COMMUNITY SPORTS CENTRE

Name Of Child:	
Address:	Age:
	Date of Birth:
	Gender:
Name Of Parent / Guardian / Carer:	
Telephone (Day):	Telephone (Evening):
Telephone (Mobile):	E-Mail:
Would you like to be added to our Holiday Programme Emailing list?	Yes / No
The Sports Centre may like to take photo's of your children participant in activities for promotional material do you consent to this?	Yes / No
The Sports Centre may like to use photo's taken for website material do you consent to this. (names will not be included)	Yes / No
Doctors Surgery:	Doctors Number:
Does your child suffer from any medical conditions / allergies including any current medication:	
Will your child have any medication with them and can your child administer this medication themselves? (If yes, please fully describe inhalers & Epi pens inc)	
Emergency Contact Name (If different from above):	
Telephone:	Mobile:
Relationship To Child:	

Declaration:	
1	I agree to the above named participant taking part in the session run by Framingham Earl Community Sports Centre.
2	I confirm to the best of my knowledge that the above named participant does not suffer from any medical condition other than those listed above.
3	I hereby give consent for the above named participant to receive emergency medical treatment if the need arises.
4	I understand that Framingham Earl Community Sports Centre accepts no responsibility for loss, damage or injury caused by or during attendance on any of the centres organised activities except where such loss, damage or injury can be shown to result directly from the negligence of the centre or organisers.
5	I the undersigned Parent/ Guardian/ Carer, confirm that the above information is correct to the best of my knowledge.
Signature	Date