

Brandon Road  
Swaffham  
Norfolk  
PE37 7DZ  
T: 01760 721480  
F: 01760 721269  
E: [office@tnha.org.uk](mailto:office@tnha.org.uk) <http://tnha.org.uk/>



## **Sports Consent Form**

### **The Nicholas Hamond Academy – Parental Consent Form**

Return to: **PE Department**

Telephone: **01760 721480**

The Visit Leader will only divulge information on this form to other staff as necessary, to ensure the welfare and safety of the participant.

#### **To be completed by the Parent / Carer:**

I am willing for my child: ..... Tutor: .....

To take part in the above local sports events and, having read the information provided, I agree to his / her taking part in the activities described.

I understand that the staff responsible for the activities will take all reasonable care of participants.

I agree to my child receiving medication as instructed and any emergency dental, medical or surgical treatment, including anaesthetic or blood transfusion, as considered necessary by the medical authorities present.

I understand photos may be taken at these events.

Emergency Contact Details: Name of parent(s) / carers(s):

(i): ..... Telephone: .....

(ii): ..... Telephone: .....

Signature of Parent / Carer: ..... Date: .....

#### **Medical Information:**

Please tell us about any allergies, e.g medicines, food, bee stings etc

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Are you currently taking any medication, if so please give details below

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Please provide any other information conditions which you feel might be useful in an emergency, or that the Visit Leader should be aware of: e.g travel sickness

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