



AFTER SCHOOL SPORTS CLUB CONSENT FORM – 2020 /21

Pupil Name: **Year:**..... **Reg**.....

- I consent to my child attending After School Sports Club in 2020/21. I also consent to the provision of any emergency medical treatment required by my child during the course of the activitie/s, and I confirm that I consider my child to be in good health and fit to participate.
- I have detailed any relevant medical condition or dietary requirement in the space provided below, and will ensure that my child brings any essential medication.
- My child has a health care plan relating to his/her existing medical condition (delete if not applicable)

Please ensure correct safety equipment (footwear, shin pads, gum shields etc.) for the specific sport is in school on the day of the activity to avoid the disappointment of not being able to participate.

In the event your child has suffered a concussion prior to participating in school sport or attending an activity, it is essential that the PE Department are informed, so that a decision can be made on whether they are able to participate in any sporting activity.

The After School Sports Club will be between 15:45 – 16:45; open to Yr 7 on Wednesday's, Yr 8 on Thursday's, Yr 9 Tuesdays and Yr 10 on Mondays. Parents/carers are responsible for collecting pupils and should meet their child in the Sports Hall car park or foyer.

Details of any relevant medical condition and/or dietary requirements:

Essential medication which MUST be taken detailed and available (e.g. epipen, inhaler, insulin):

NB: if your son/daughter does not have this medication with them, they will not be permitted to attend

I confirm this consent will remain valid until I revoke it, or a revised consent is obtained by the Trust.

Parent/Carer Name:

Emergency Contact Number:

Signed:

Date: