

## PARENTAL CONSENT FORM

(Please complete in CAPITALS and DELETE\* as appropriate)

**WEEK TWO: TABLE TENNIS** Howard SSP Summer Coaching camps

### CHILD'S DETAILS:

Name: \_\_\_\_\_ Date of birth: \_\_\_\_\_ *Male/Female\**

I agree to my child taking part in the specific activity detailed below PLEASE TICK WHICH SESSION/S (ONE OR MORE, CHEQUE PAYABLE TO HOWARD SCHOOL) YOU WISH TO APPLY FOR: **Yes/No\***

Tuesday 3 <sup>rd</sup> August 2010, 10am – 12noon	TABLE TENNIS for beginners (YEARS 3-6) £3.00 per person	Howard School Table Tennis Centre
Tuesday 3 <sup>rd</sup> August 2010, 12.30-2.30pm	TABLE TENNIS for beginners (YEARS 3-6) £3.00 per person	Howard School Table Tennis Centre
Wednesday 4 <sup>th</sup> August 2010, 10am – 12noon	TABLE TENNIS for improvers/club players (YEARS 7-9) £3.00 per person	Howard School Table Tennis Centre
Wednesday 4 <sup>th</sup> August 2010 12.30pm – 2.30pm	TABLE TENNIS for improvers/club players (YEARS 7-9) £3.00 per person	Howard School Table Tennis Centre
Thursday 5 <sup>th</sup> August 2010 10am – 3pm	TABLE TENNIS for advanced junior players (county and england ranked players) £6.00 per person for whole day	Howard School Table Tennis Centre
Friday 6 <sup>th</sup> August 2010, 10am – 3pm	TABLE TENNIS for advanced junior players (county and england ranked players) £6.00 per person for whole day	Howard School Table Tennis Centre

### MEDICAL INFORMATION:

<input type="checkbox"/> Does your child have any of the following conditions:			
Asthma	<b>Yes/No*</b>	Bronchitis	<b>Yes/No*</b>
Chest problems	<b>Yes/No*</b>	Diabetes	<b>Yes/No*</b>
Epilepsy	<b>Yes/No*</b>	Fainting attacks	<b>Yes/No*</b>
Heart trouble	<b>Yes/No*</b>	Migraine	<b>Yes/No*</b>
Raised blood pressure	<b>Yes/No*</b>	Tuberculosis	<b>Yes/No*</b>
If <b>yes</b> , please provide details:			
<input type="checkbox"/> Does your child have any other condition(s) requiring medical treatment?			<b>Yes/No*</b>
If <b>yes</b> , please provide details:			
<input type="checkbox"/> Is your child taking any form of medication on a regular basis?			<b>Yes/No*</b>
If <b>yes</b> , please provide details: (including name, dosage and time of administration)			
<input type="checkbox"/> Is your child allergic or sensitive to any medication, insect bites or food?			<b>Yes/No*</b>
If <b>yes</b> , please provide details:			
<input type="checkbox"/> Has your child been immunised against the following diseases?			
Poliomyelitis			<b>Yes/No*</b>
Tetanus (Lock Jaw)			<b>Yes/No*</b>
If <b>yes</b> to tetanus, please provide date if known:			
<input type="checkbox"/> To the best of your knowledge, has your child been in contact with any contagious or infectious diseases or had any recent condition that may become infectious or contagious?			<b>Yes/No*</b>
If <b>yes</b> , please provide details:			

### EMERGENCY DETAILS:

I agree to my child receiving medication as instructed and any emergency dental, medical or surgical treatment (including an anaesthetic or blood transfusion) as considered necessary by the medical authorities present. **Yes/No\***

*\*Delete as appropriate*

<input type="checkbox"/> In the case of an emergency please contact:			
Name:			
Address:			
		Post code:	
Telephone: (home)			
Telephone: (work)			
Telephone: (mobile)			
<input type="checkbox"/> Please provide details of an alternative emergency contact:			
Name:			
Address:			
		Post code:	
Telephone: (home)			
Telephone: (work)			
Telephone: (mobile)			
<input type="checkbox"/> Name of family doctor:			
<input type="checkbox"/> Telephone number:			

<b>INSURANCE COVER:</b>	
Unless otherwise stated:	
<input type="checkbox"/> I understand that the activity is insured in respect of legal liabilities (third party liability) but that my child has no personal accident cover.	
<input type="checkbox"/> I understand that any extension of insurance cover is my responsibility.	

<b>DECLARATION:</b>	
<input type="checkbox"/> I have read the information provided about the proposed activity.	
<input type="checkbox"/> I agree to my child taking part in the activity described and acknowledge the need for good conduct and responsible behaviour on his/her part.	
<input type="checkbox"/> I acknowledge that if transport is necessary seatbelts will be provided on vehicles and that my child must wear these correctly.	
<input type="checkbox"/> I agree to my child being transported in a privately owned vehicle (if necessary).	
<input type="checkbox"/> I have noted where and when my child is to be returned and understand that I am responsible for ensuring that he/she gets home safely.	
<input type="checkbox"/> I accept that photographs and/or films may be taken of my child and used in future promotional materials.	
<input type="checkbox"/> I will inform the Howard School Sports Partnership team if any of the above information changes.	

<input type="checkbox"/> I enclose a cheque for £---.— (£3.00 per session/£6.00 per day) made payable to Howard School. (please put your name and address on the reverse of the cheque)
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Signed: (parent or guardian)		Date:	
Full name: (please print)			
Address:			
		Postcode:	
Telephone: (home)			
Telephone: (work)			
Telephone: (mobile)			

PRE-BOOKING IS ESSENTIAL AT LEAST ONE WEEK BEFORE DATE OF ACTUAL COACHING CAMP TO SECURE SUFFICIENT PARTICIPANT NUMBERS. Please return to: Claire Moore, Howard School Sport Partnership, Howard School, Derwent Way, Rainham Gillingham Kent ME8 OBX Tel: 01634 388765 ex.228 or 07725724393