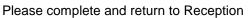


HEANOR GATE SCIENCE COLLEGE PE EXTRA-CURRICULAR CONSENT, CONTACT AND MEDICAL FORM







Student's name				RG			
Date(s)	September 2017 – July 2018						
Teachers in Charge	PE Department						
Times	Various						
Parent Conta	ct Details						
Name		Home					
Mobile		Work					
Alternative contact	Relationship to studen	t:					
Name		Home					
Mobile		Work					
Mobile Medical Infor	<u>mation</u>						
Name of doctor		Tel no					
Address of surgery		7.01.110					
My child does no	ot suffer from any medical con	dition requiri	ng regular treat	Please ma ment.	ark with X if appropriate :		
My child suffers from (e.g. asthma)							
and has been prescribed the following	Name of medication	Dose	Frequency				
medication			1				

My child also	Name of medication	Dose	Frequency							
uses the										
following over- the-counter										
medication										
	<u> </u>									
	Allergic to	Type of reaction								
My child has an										
allergy to the										
following										
				1.1.1						
Lucandal litra da al	delete as appropriate									
I would like to d	YES NO									
My child has an	YES NO									
I am willing for my child to be given "over-the-counter medication" by staff e.g.										
	paracetamol, throat lozenges, insect bite antihistamine, travel sickness tablets and									
sun cream/aftersun if necessary										
Any medication required should be given to the teacher in charge, clearly marked (in its prescription container if applicable) with name and full instructions for use.										
Inhalers and "Epipens" may be kept by the student with spares given to the teacher in charge.										
I give authorisation	for my child to keep an inhaler wit	h them and use it as requ	uired							
			(Please delete as applicable)	YES NO						
<u>Dietary Information</u>										
Does your child	YES NO									
e.g. vegetarian,	kosher, allergies		(If Yes, please give details)	120 110						
Additional In	Additional Information									
Please include	any additional information a	as required								
riease iliciude d	arry additional information a	as required								
Photography/Video - Please tick the box if you DO NOT give permission for your child to										
Photography/V	'ideo - Please tick the box		be photographed and/or videoed for use in any school publicity material including parent							
be photographe	ed and/or videoed for use in									
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Date

Signature

Print name

September 2017

Dear Parent/Carer

Please find attached a Parental Consent Form for you to sign, giving your consent for your child to partake in extra curricular sport during the 2017-18 academic year.

After school clubs are typically 14.55-16.00 on Mondays, Tuesdays and Thursdays and 14.35–15.40 on Wednesdays.

Fixtures (e.g. football or netball matches) typically finish between 16.30 and 18.00 depending on location. You will receive a **text message** from school confirming your child's selection for school fixtures, giving a date and location.

It is the student's responsibility to provide you with any additional details. However, if you have any queries or require any further information, please do not hesitate to contact me or a member of the PE team on 01773 716396.

Yours sincerely

Mr A Stanley Head of PE & Performing Arts