

PARENTAL CONSENT FORM

Parents/Carers of volunteers under the age of 16 are required to sign this form.

Parent/ Carers Name :

Parental Consent Statement

I agree to my child's participation in Dudley Netball League 2018 Season.

I have completed medical details below, and consent that, in the event of any illness or accident, any necessary treatment can be administered to my child, which may include the use of anaesthetics. I understand that, while the adult officials will take every precaution to ensure that accidents do not happen, they cannot necessarily be held responsible for any loss, damage or injury caused to my child.

I acknowledge the need for my child to behave responsibly.

Travel Arrangements

My child will be making his/her own arrangements for getting to and from George Salter.

Young Person's Details (Please print clearly)

First Name	Surname
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Age	DOB	School Year	School
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Home Address

Young Person's Medical Information

Does your child have:

Any allergies	Yes	No	If Yes, please specify
Medication	Yes	No	If Yes, please specify
Any Impairment	Yes	No	If Yes, please specify
Any disability	Yes	No	If Yes, please specify

I confirm that, to the best of my knowledge, my child does not knowingly suffer from any medical condition other than those detailed above and that I will inform the netball club if this changes.

Parent Name Printed :	Parent Signature:
Relationship to Child:	Date:
Contact Tel. No 1	Contact Tel. No 2