

The ENERGY CHECK LOUTH TENNIS and SPORTS CENTRE

Consent and Emergency Contact Form

(This form must be completed by the Parent/Carer)

Your Details

Name:		
Address:		
Contact details:	Phone: Mobile:	Email:

Details of the child / adult at risk

Name:		
Date of birth:		
Address (if different from the parent/carer):		
Contact details (if different from the parent/carer):	Phone: Mobile:	Email:

Details of the event/trip the child/adult at risk will be attending:

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Activities

I give permission for the child/adult at risk to:		
Be involved in photography and/or filming.	Yes	No
Travel by any form of public transport or in a motor vehicle.	Yes	No
Other (please detail)	Yes	No

Child / Adult at Risk Medical/Disability History

Does the child or young person have:		
Any health needs (e.g. diabetes, asthma, epilepsy, allergies) that we should be aware of?	Yes	No

Any access needs?	Yes	No
Any religious or spiritual practices we should be aware of?	Yes	No
Any dietary needs we should be aware of?	Yes	No
Anything else which we should be aware of?	Yes	No
If yes to any of the above, please provide full details e.g. time medication must be taken, if help is required to administer medication, etc. (please use additional paper if required).		

Emergency Contact Details (if different from Parent/Carer)

Name:		
Relationship to the child or young		
Address:		
Contact details:	Phone: Mobile:	Email:

Confirmation

Name of Parent/ Carer (print):		Date	
Signature:			