



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

Please complete and return to Reception

**PLEASE COMPLETE ALL SECTIONS**



Student's name		RG	
Date(s)	September 2017 – July 2018		
Teachers in Charge	PE Department		
Times	Various		

**Parent Contact Details**

Name		Home	
Mobile		Work	
<b>Alternative contact</b>	Relationship to student:		
Name		Home	
Mobile		Work	

**Student Contact Details**

Mobile	
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**Medical Information**

Name of doctor		Tel no	
Address of surgery			

*Please mark with X if appropriate :*

My child does <b>not</b> suffer from any medical condition requiring regular treatment.	
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My child suffers from (e.g. asthma)			
and has been prescribed the following medication	Name of medication	Dose	Frequency

My child also uses the following over-the-counter medication	Name of medication	Dose	Frequency

My child has an allergy to the following	Allergic to	Type of reaction

*Please delete as appropriate*

I would like to discuss my child's medical condition with trip leader	YES NO
My child has an up to date tetanus injection	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	YES NO

**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 with them and use it as required <i>(Please delete as applicable)</i>	YES NO
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### **Dietary Information**

Does your child have any special dietary requirements e.g. vegetarian, kosher, allergies  <i>(If Yes, please give details)</i>	YES NO

### **Additional Information**

Please include any additional information as required

<b>Photography/Video</b> - Please tick the box if you <b><u>DO NOT</u></b> give permission for your child to be photographed and/or videoed for use in any school publicity material including parent magazine and the school website.	
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### **Declaration by Parent/Carer (or student if over 18)**

1. I agree to my child attending this trip/visit/activity
2. I have read and completed this form and to the best of my knowledge the details given are true and accurate.
3. I agree to my child receiving medication as instructed and any emergency dental, medical or surgical treatment, including anaesthetic or blood transfusion, as considered necessary by the medical authorities present.
4. I will inform the teacher in charge as soon as possible of any changes in the medical or other details between now and the commencement of the visit/trip.

Signature		Date	
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