

CRICKET ACADEMY AT CRANLEIGH SCHOOL MEDICAL CONSENT FORM

(To be completed by parent or guardian for all participants)

Child's Name:		Date of Birth:	
<p>I am pleased to allow my son/daughter* to participate in the Cranleigh School Cricket Academy sessions/courses. I consider my son/daughter* to be physically fit and capable of full participation, but in the event that he/she should be injured when I am not present, I give my permission for the coach to obtain emergency medical and/or dental treatment on his/her behalf.</p> <p>Emergency Contact Please give a name, address and telephone number of a person to contact in the case of an emergency.</p>			
Full Name :		Telephone:	
Relationship to Child:		Mobile:	
<p>Medical Information Please detail below any important medical information that our coaches should be aware of (e.g. epilepsy, asthma, diabetes, allergies etc.) and note the treatment or medication required.</p>			
Family Doctor's Name:			
Address and Post Code:			
Telephone:			
Does your son/daughter need any regular medication or treatment? Please state below			YES / NO
Does your son/daughter have a special diet? Please state below			YES / NO
Does your son/daughter have any allergies? Please state below			YES / NO
Is there anything else that we need to know about your son/daughter? Please give details.			YES / NO
When was the last time that your son/daughter was vaccinated against Tetanus?			
I will inform the Academy of any changes to the details given.			Date:
Signed:	(PARENT / GUARDIAN) Please delete		