

PARENTAL CONSENT FORM (PC1 2019 2020)

Activity: All Knox Academy PE, Sporting Fixtures (home and away) Practice, Training, Coaching and related trips	CLASS:
Name of participant: _____ Date of Birth: _____ Home Address: _____ Class _____ _____ Pupil's mobile: _____ Tel Home: _____ Tel Work: _____ Parent's mobile: _____ Parents Email: _____ Alternative Telephone Number for use in emergency: _____	

In the event of an emergency, it is important that the person in charge of the group has the necessary information about any medical condition that could affect the participation or treatment of your child/ward. All information requested will be treated in strict confidence, and will not necessarily prejudice the inclusion of your child in the activity. It is in the interests of your child that full and accurate information be given.

It is therefore VITAL that you notify us of any change in circumstances that might affect participation.

Has your child/ward had recent surgery or been in contact with any infectious or contagious disease?
Has your child/ward any known allergy (eg to penicillin)?
If your child/ward is currently undergoing treatment by a Doctor please give details including medication?
Has your child/ward received a tetanus injection within the last ten years? Y / N
Has your child/ward any medical or learning condition which a we or a doctor should know about before carrying out treatment (eg Asthma, Allergens, Diabetes / Dyspraxia, Autism or the likes of Travel sickness, dietary conditions etc?)
Is there any activity in which your child may NOT participate?
Name of Family Doctor: _____ Address: _____ Tel No: _____
Knox Academy uses secure, web based services to update parents/carers of pupils taking part in sports with regular fixtures about meeting times, kick-off times etc. This comes as a text message/Email to you mobile phone, and is completely free. If you do not agree to using this service, please tick the following box. Please note this will require you to complete a PC1 form for every fixture your child/ward takes part in. <input type="checkbox"/>

Insurance Information: East Lothian Council Public Liability Insurance will meet claims resulting from accidental injury or damage to property if it is proved it was caused as a result of negligence on the part of the Council or a Council employee.

Participants wishing to obtain cover for personal accident and Third Party Liability are advised to contact an insurance company or broker.

Medical Declaration - I have read the information issued concerning the Course and the statement of insurance. I understand the nature of the activity/activities to be undertaken and consider my child/ward fit to take part. He/She does not suffer from any medical condition not stated above. I hereby consent to the submission of the above named to emergency medical or surgical treatment including the administration of anaesthetic or blood transfusion as considered necessary by the medical authorities present.	
Photo Permission - Tick if you do NOT give permission for your child to appear in Knox Academy & Active Schools promotional materials/footage. <input type="checkbox"/>	
Name (Block Capitals) _____	Parent/Guardian _____
Signature _____	Date _____