



MEDICAL AND PARENTAL CONSENT FORM

(For a '*Horsfield Hockey*' hockey camp)

Name of child: _____

Age at the time of the camp: _____

a) I grant permission for my child to be photographed and videoed when partaking in hockey related activities for purposes of promotion and coaching.

Yes/no (please delete as appropriate)

b) I grant permission to be contacted should my child break the Horsfield Hockey behaviour policy (see www.horsfieldhockey.co.uk - privacy policy and other).

Yes/no (please delete as appropriate)

c) I acknowledge that hockey can be a dangerous sport, and it is my responsibility to ensure my child brings the correct safety equipment (personal protective equipment –PPE) to a hockey camp. All attendees will all be reminded at the start of the camp that PPE MUST be worn when participating in hockey activities. Coaches will issue reminders and random checks but cannot check every child constantly.

Yes/no (please delete as appropriate)

d) I have read and understand the privacy policy of Horsfield Hockey. This means we can use this information should your child wish to attend another hockey camp – and it is your responsibility to inform Horsfield Hockey on booking if ANY of this information has changed.

Yes/no (please delete as appropriate)

e) I grant permission for coaches to administer emergency first aid/treatment as considered necessary.

Yes/no (please delete as appropriate)

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f) Does your child have any conditions requiring medical treatment or medication?

Yes/no (please delete as appropriate)

(If YES please give **specific** details of symptoms, medication, dosage etc.)

g) Does your child suffer from any form of allergic reaction (e.g. plasters, medication, stings)

Yes/no (please delete as appropriate)

(If YES please give **specific** details of symptoms, medication, dosage etc.)

h) Please supply **any** additional information that you wish the hockey coaches and helpers to be aware of (e.g. medical conditions, recent illness, special requirements etc.) which may affect your child's ability to participate fully in the activities.

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i) In the event of an emergency please contact:

PERSON 1	
Name:	
Relationship to child:	
Contact (mobile):	
Alternative Contact:	
PERSON 2	
Name:	
Relationship to child:	
Contact (mobile):	
Alternative Contact:	

Signed:

Date: