



## SPORTING FIXTURES CONSENT FORM

Student name: \_\_\_\_\_ Form: \_\_\_\_\_

I wish my son/daughter to take part in sporting fixtures during their time at Washwood Heath Technology College.

A teacher qualified to drive the school minibus will take each team.

I consent to any emergency medical treatment necessary during the course of the fixtures.

Please complete as you think appropriate:

- My child suffers from: \_\_\_\_\_
- This condition does/does not\* require regular treatment
- I attach a letter from my doctor giving details of the condition and its treatment
- His/her National Health Service Medical Card Number is:  
\_\_\_\_\_

Doctor's name: \_\_\_\_\_

Doctor's address: \_\_\_\_\_  
\_\_\_\_\_

Home/emergency contact telephone number: \_\_\_\_\_

Signed: \_\_\_\_\_ (parent/carer)

Date: \_\_\_\_\_