

**EMERGENCY CONSENT FORM**

**UHS SPORTS CAMP – THURSDAY 31st AUGUST & FRIDAY 1st SEPTEMBER**

Please email this completed consent form to the PE Department (**pe@uhs.org.uk**) by

Thursday 24th August 2017

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| **FULL NAME OF STUDENT:** |  |
| **DATE OF BIRTH:** |  |
| **PLACE OF BIRTH:** |  |
| **NATIONALITY:** |  |
| *(Please note if your child was born outside the UK, full details of both parents will also be required. A student who is not a British National will need to bring his or her own passport.)* |
| **PARENT NAME:** |  |
| **PARENT SIGNATURE:** |  | **DATE:** |  |
| **DAYTIME CONTACT NO:** |  |
| **MOBILE TELEPHONE NO:** |  |
| **HOME TELEPHONE NO:** |  |
| **ANY SPECIAL MEDICAL OR DIETARY REQUIREMENTS:** |  |
| **ALTERNATIVE EMERGENCY CONTACT DETAILS:** |
| **NAME:** |  |
| **CONTACT TELEPHONE NO:** |  |

If your child suffers from Asthma or requires an Epipen, it is your responsibility to ensure that the appropriate medication is provided.

By completing this form, I have given permission for my child to be given first aid or urgent medical treatment during any school trip or activity.

If there are any medical reasons why your child may not participate in any of the planned activities please inform the trip co-ordinator.