



**Sports Services Rugby Summer Programme 2016
Parental Consent Form**

ACTIVITIES: Rugby Programme

DATES: 11,12,13 July @ Paisley RFC
 18,19,20 July @ Bishopton RFC

TIME: 10am – 3pm

PARTICIPANT INFORMATION

NAME

ADDRESS

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POSTCODE

PHONE NUMBER

E-MAIL

DATE OF BIRTH

SCHOOL NAME.....

YEAR GROUP.....

EMERGENCY CONTACT

NAME

RELATIONSHIP.....

PHONE NUMBER 1

PHONE NUMBER 2

DOCTOR'S DETAILS (in case of emergency)

NAME.....

ADDRESS.....

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PHONE NUMBER

MEDICAL INFORMATION

Does the participant suffer from any condition requiring medical treatment, including medication? * YES / NO
If YES please give details

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Please provide details of any medication that maybe required during the outing (all medication must be labelled correctly and clearly with name and dose)

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To your knowledge is the participant currently on any medication? * YES / NO
If YES please give details

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Is the participant disabled within the terms of the Disability Discrimination Act 1995? (*Please note that a disability under the Act is either a mental or physical impairment and can include hidden conditions (e.g. asthma, epilepsy, diabetes etc) that is likely to last 12 months and affects everyday activities e.g. memory, mobility, speech, continence, concentration)* YES / NO
If YES please give details

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Is the participant allergic to any medication/ foodstuffs/ materials? * YES / NO
If YES please give details

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Has the participant received an anti-tetanus injection in the last five years? * YES / NO
If YES what year?

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Please outline any special dietary requirements of the participant

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