



PARENTAL CONSENT FORM

TO BE COMPLETED BY ACTIVITY ORGANISER
AND KEPT BY THE CLUB CHILD PROTECTION OFFICER

Activity: Ice Hockey
Dates: training & matches
Times: various
Venue: South League Rinks

TO BE COMPLETED BY PARENT/CARER

Child's name: _____ Date of birth: _____
Home address: _____
Tel: _____
Emergency contact address, e.g. relative/friend: _____
Tel: _____

NB: Please use the space below to advise the activity organisers whether your child:

- suffers from any illness or medical condition
- is receiving medication (give details and dosage)
- has any specific dietary requirements
- will need help with dressing/undressing, going to the toilet etc – please note that if such help is necessary and you will not be available to provide it, your signature below will indicate consent to the activity organiser to make the necessary arrangements.

I consent to my child receiving any medical treatment thought to be necessary by a qualified medical practitioner.

My child's NHS card no. is: _____ GP's name: _____
Tel: _____

I consent to my child taking part in the activity described above. I also acknowledge that the EIHA Club will only be liable in the event of an accident, if they have failed to take reasonable steps in their duty of care to my child, during the activity and in any travel and/or accommodation arrangements for which they are responsible.

Signed: (parent/carer) Date:
Please print name:

Club: Streatham Youth Ice Hockey Club
Club Child Protection Officer: Date: