

Peter Symonds College

Team Games information and consent form (please complete both sides)

Personal Details

First name of participant.....

Surname.....

Date of birth..... Age..... Male/Female

Address.....

.....

Post code.....

Next of kin.....

Next of kin address (if different from above).....

.....

Next of kin Contact numbers:

Home.....Work.....Mobile.....

Name and address of participant’s doctor:

.....

.....

Telephone no:.....

Consent for participants in Team Games

I confirm that I have parental responsibility for.....

He/She is in good health and I consider him/her to be capable of taking part in Team Games and any additional Sports Teams trips/competitions, which may arise throughout the year.

If he/she is injured outside of college at some point in the season, I will notify Sam Jones on: sam.jones@psc.ac.uk

In the event of illness or accident, I consent to any necessary medical treatment, which might include the use of anesthetics.

Signed.....

Please print name here.....

Travelling Permission

In some instances, an away match venue, may make it more convenient for your child (aged 16 over) to make their way directly home, rather than returning to college in the supplied transport. In the event of the above being applicable, I give consent for my child to take responsibility for their own travel arrangements and not to return to the college in the supplied transport.

Signed.....

Date.....

P.T.O

Team Games information and medical form (please complete both sides)

Has the participant had any of the following?

Asthma or bronchitis?	Yes	No	Allergies to any known medication	Yes	No
Heart condition	Yes	No	Any other allergies, eg material, food, plasters	Yes	No
Fits, fainting or blackouts	Yes	No	Other illness or disability	Yes	No
Severe headaches	Yes	No	Travel sickness	Yes	No
Diabetes	Yes	No	Regular medication	Yes	No

If the answer to any of these questions is Yes, please give details:

.....

If it is considered necessary, do you agree to mild pain killers (e.g.Paracetamol) being administered?

Yes/No

Has the participant received vaccination against Tetanus in the last 10 years?

Yes/No

Is the participant receiving medical or surgical treatment of any kind from either their family doctor or hospital?

Yes/No

Has the participant been given specific medical advice to follow in emergencies?

Yes/No

If the answer to either of the last two questions is Yes, please give details here (including name and dosage of any medicines/tablets):

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In the event of any illness or medical treatment occurring after the return of this form and during the playing season, I undertake to inform the team manager.

Signed.....(for participants aged under 18)

Person with parental responsibility

Signed.....(for participants aged over 18)

Participant

Date.....

Consent for taking images

During matches we are likely to take pictures and videos. We would like to use these on social media, presentations, displays or in our own booklets, newsletters, or publicity.

In the event of any images of my child being taken, I consent to them being used.

Yes/No

I consent to images being used on the website and on the College Facebook, Twitter and Instagram pages

Yes/No

Signed..... (for participants aged under 18)

Date.....

PETER SYMONDS COLLEGE
TEAM GAMES - STUDENT DETAILS

STUDENT'S FULL NAME	
SPORTS TEAM	
STUDENT'S FULL ADDRESS	
STUDENT'S HOME TELEPHONE NUMBER	
STUDENT'S MOBILE TELEPHONE NUMBER	
STUDENT'S EMAIL ADDRESS	
SIZE REQUIRED FOR DESIGNATED KIT	