



## **BALLYCLARE SECONDARY SCHOOL**

Throughout the school year there will be various activities that your child may participate in e.g. Year 8 Hockey team, Cross Country etc. Below is a generic medical consent form for Physical Education. It is vitally important that the school is aware of any current medical needs.

If your child's details change throughout the school year please notify our school office by contacting 02893322610.

### **CONSENT FORM**

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

I consent to my son/daughter\* \_\_\_\_\_ (Name in full) Reg \_\_\_\_\_  
(Date of Birth) \_\_\_\_\_ taking part in Physical Education activities that will be held throughout the school year.

I confirm that he/she\* is medically fit to participate and I will contact the School Office as soon as any details change.

**\*delete as appropriate.**

Please give details of:

1. Any current medical condition/any medication being taken

\_\_\_\_\_  
\_\_\_\_\_

2. Any other relevant information which may affect his/her participation in Physical Education

\_\_\_\_\_  
\_\_\_\_\_

3. Emergency contact numbers:

Home: \_\_\_\_\_

Work: \_\_\_\_\_

Mobile: \_\_\_\_\_

Other: \_\_\_\_\_

I agree to my son/daughter receiving emergency medical treatment, including anaesthetic, as considered necessary, by the medical authorities present. I understand the extent and limitations of the insurance cover provided.

Signed \_\_\_\_\_ (Parent/Carer)

Date \_\_\_\_\_