





## <u>Hitchin Town Ability Counts Football Club</u> <u>Medical Information and Consent Form</u>

## **Young Person**

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Name:				
Address:				
Postcode:				
Email address:				
Age:	Date of Birth:	Male / Female (Delete as appropriate)		
Name of Parent / Guardian:				
Telephone No:	Mobile:			
<b>Emergency Contact det</b>	ails:			
ame: Relationship to young person:				
Address:				
Telephone no:	Mobile No:			
Disability or Special Need (please tick)	: Learning Disability Visual Impairment ASD ADHD	5 P		
Please Describe:				
Equipment Used:				
Is an Interpreter needed? Yes / No (delete as appropriate)				

School Attended:		

young person would need to access sports sessions)				
Medical History				
Any medical conditions or allergies that we should be aware of? (e.g. Asthma or epilepsy)				
Medication being taken:				
GP's Name: Telephone no:				
Parental Consent				
In order for a young person to take part in this session a parent or guardian needs to give consent (please delete as appropriate)				
I parent/ Guardian of consent to him/her taking part in these sessions.				
I consent to information about my child to be shared with relevant parties, on a need to know basis, to enable him/her to take part in the sessions. <b>YES / NO</b>				
I consent to my child being photographed whilst taking part in the scheme which may be used for future publicity by HTFC & School Sports Partnership and its partners. <b>YES / NO</b>				
I consent to photographs taken whilst taking part in the scheme being used for publicity on the HTFC $\&$ School Sport Partnership website. YES / NO				
I consent to my child receiving urgent medical attention if contact with me cannot be made. YES / $NO$				
All information given is correct to the best of my knowledge.				
Signed Date				
Any other information you think we should be seen				
Any other information you think we should know:				