

# OVER THE NET, BACK OF THE NET SPORTS CAMPS

## CONSENT & EMERGENCY CONTACT FORM

DATE: SEPTEMBER 2024

# EMERGENCY CONTACT FORM

Details on this form will be held securely and will only be shared with coaches or others who need this information to meet the specific needs of your child.

Details of the event/activity requiring completion of this form	Over the Net - Back of the Net Sports Camps (Tennis and Football)
---	---

Name of child:	
Child's date of birth:	
Child's gender:	
Please detail any important access, faith, medical or additional needs that our organisation needs to know such as allergies, medical conditions e.g. asthma, epilepsy, orthopaedic problems, any current medication, special dietary requirements and/or any injuries.	

## PRIMARY EMERGENCY CONTACT FOR CHILD

Name:		
Relationship to the child:		
Address:		
Contact details:	Phone:	Email:

## SECONDARY EMERGENCY CONTACT FOR CHILD

Name:		
Relationship to the child:		
Address:		
Contact details:	Phone:	Email:

It may be necessary for the responsible adult accompanying your child to have authority to obtain urgent medical or surgical treatment which may be required whilst at Over the Net, Back of the Net Sports Camps. Would you therefore please complete the details on this form and sign below to give your consent.

I, \_\_\_\_\_ being the parent/carer of the above named child hereby give permission for the responsible adult to give immediate authority on my behalf for any medical or surgical treatment recommended by competent medical authorities, where it would be contrary to my son/daughter's interest, in the doctor's medical opinion, for any delay to be incurred by seeking my personal consent.

Signature of consent by parent/carer:	
Name:	
Date:	