



North Herts School
Sport Partnership



Hitchin Town Ability Counts Football Club Medical Information and Consent Form

Young Person

Name:		
Address:		
Postcode:		
Email address:		
Age:	Date of Birth:	Male / Female (Delete as appropriate)
Name of Parent / Guardian:		
Telephone No:		Mobile:

Emergency Contact details:	
Name:	Relationship to young person:
Address:	
Telephone no:	Mobile No:

Disability or Special Need: (please tick)	Learning Disability <input type="checkbox"/>	Physical Disability <input type="checkbox"/>
	Visual Impairment <input type="checkbox"/>	Hearing Impairment <input type="checkbox"/>
	ASD <input type="checkbox"/>	ADHD <input type="checkbox"/>
		None <input type="checkbox"/>
Please Describe:		
Equipment Used:		
Is an Interpreter needed? Yes / No (delete as appropriate)		

School Attended:

Support requirements: (please give a brief outline of the support you think this 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. **YES / NO**

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. **YES / NO**

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.....

By providing your details on this form you consent to us using this information in line with our Privacy Policy, available to view on our website.

Any other information you think we should know:

Please return to: Mark Burke at The Arena,
Norton Road, Baldock, Herts, SG7 5AU