

**Consent Form for Sussex Schools Football Representation -**

I consent to my son/daughter ……………………………………….. to be allowed to take part in representing Sussex Schools accompanied by coaching staff and, having understood the Sussex Schools programme agree to him/her taking part in any or all of the training & match days if selected.

To the best of my knowledge my son/daughter is fit and healthy for the purpose of the activity. As any injuries / illness arise throughout the year(s) I will ensure the coaching staff are fully informed so as records can be maintained accurately and that all parties are fully informed. Any changes of medical and emergency contact information must be given to SSFA staff.

I have ensured that my son/daughter understands that it is important for his/her safety and for the safety of the group that any rules and any instructions given by the staff are obeyed. I understand that, whilst the County coaching staff and helpers in charge of the party will take all reasonable care of the students, unless they are negligent they cannot be held responsible for any loss, damage or injury suffered by my son/daughter on the training/matches or on the journey.

I accept for my son/daughters name and/or picture to be published on Sussexschoolsfa.org.uk and or social media, as well as in programmes.

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| **Medical and emergency contact information**  (It is essential that we have the following information to ensure appropriate action can be taken in an emergency.)  Date of birth: | |
| Name and address of doctor: | |
| Doctor's telephone number: | |
| My son/daughter has the following medical conditions (if none, please write "none"): \*additional space overleaf | |
| Which necessitates the following medical treatment (including special dietary requirements): | |
| Any other information you wish the group leaders to be aware of: e.g. vegetarian | |
| Should the need arise, I agree to the person in charge of the party giving consent on my behalf for an anesthetic to be administered or for any other urgent medical treatment to be given.  Signed: ……………………………………………….(Parent/Guardian)  Date: …………………………………………………. | |
| **Emergency Contact Details** (please give details for both during College hours and out-of-hours if applicable, these must be kept up to date in case of emergency): | |
| During College Hours  Contact Name: | Out-of-Hours  Contact name: |
| Address: | Address: |
| Telephone No: Work ………………………………  Home ……………………………… | Telephone No: Work ………………………………  Home ……………………………… |

Please return in the envelope provided