

Application & Medical Forms



****

**PARENT / Guardian CONSENT FOR An event**

**PLEASE COMPLETE IN BIRO AND USE BLOCK CAPITALS**

Sandbach Police - **Cheshire Constabulary**

|  |  |
| --- | --- |
| **Participant Full Name:** |  |
| **Date of Birth:** |  |
| **Male/Female:** |  |

**Emergency contact details:**

|  |  |
| --- | --- |
| **Name:**  |  |
| **Relationship to participant:** |  |
| **Telephone (Home):** |  |
| **Mobile:**  |  |
| **Email:** |  |
| **Address:** |  |

Medical

1. Any conditions requiring medical treatment, including medication? **YES/NO\***

**If YES,** please give brief details below,

|  |
| --- |
|  |

1. Please indicate ☑ what type of pain/flu relief medication your child may be given if necessary:

**Paracetamol ❑ Ibruprofen ❑ Please indicate by ticking relevant box(es)**

**Medical Details:**

|  |  |
| --- | --- |
| **Family Doctor Name:**  |  |
| **Telephone:** |  |
| **Address:** |  |

**Declaration**

By signing below, I agree to **­­my child, *as named above,*** taking part in this event.

I agree to my **son/daughter/ward’s\*** participation in the activities described and I acknowledge the need for my **son/daughter/ward\*** to behave responsibly throughout the event.

I agree to my **son/daughter/ward\*** receiving medication as instructed and any emergency dental, medical or surgical treatment, including anaesthetic or blood transfusion, as considered necessary by the medical authorities present. I understand the extent and limitations of the insurance cover provided as detailed by trip leader.

I agree to my **son/daughter/ward** making their own way to and home from the event **YES/NO** As part of the activities your **son/daughter/ward**\* are involved in Cheshire Police/Crewe Alexandra/Premier League Kicks may take photographs or video footage to use in printed publications or publicity or promotional material including the local press. Can we use the young person’s photograph in this way? **YES/NO\***

|  |  |
| --- | --- |
| **Signed:**  |  |
| **Completed by:** | **Full Name, Block Capitals** |
| **Date:** |  |

**\* Please delete as applicationTHIS FORM TO BE AMENDED BY TRIP LEADER PRIOR TO ISSUE TO CATER FOR RELEVANT NUMBER OF DAYS**

**ONCE COMPLETE, PLEASE RETURN TO: SALT.WARS@CHESHIRE.POLICE.UK**