



# QUASAR

## Hockey Club



Est 1995

**Scottish Charity No: SC045384**

### **PARENTAL CONSENT FORM**

Member Name:

Date of Birth:

[Click here to enter a date.](#)

Address:

Post Code:

Telephone No (h):

Telephone No (m):

Telephone No (Other):

Telephone No (Emer):

In the event of an emergency, it is important that the person in charge has the necessary information about any medical condition which could affect the treatment of your child. All information requested below will be treated in strict confidence. It is in the interests of your child that full and accurate information be given.

- a. Any known allergy to medicine? (e.g. Penicillin)
- b. Any known allergy? (e.g. Peanuts)
- c. Medical condition which an MD should know about prior to treatment? (e.g. Asthma)
- d. Restrictions you wish to place on any medical treatment?
- e. Details of any special diets e.g. Gluten Free/Diabetic etc.
- f. Any additional information you think we should know?
- g. Details of any additional support needed?

Name of Family Doctor:

Address:

Telephone No:

**Insurance Information:** Quasar Hockey Club has insurance cover for any third party public liability. Should you wish to obtain cover for Personal Accident then you are advised to contact an Insurance Company or Broker.

**Insurance Cover:** My child has personal accident insurance cover for any hockey activities he/she participates in as part of Quasar Hockey Club. Yes  No

I agree to my child's name and/or photograph being used when match reports and hockey activities are submitted to the media. Yes  No

**Declaration:** I consider my child fit to take part in all Quasar activities. He/she does not suffer from any medical condition not stated above. I understand the information concerning the statement of insurance. I hereby consent to emergency medical or surgical treatment including the administration, where necessary, of a local, general or other anesthetic. I understand that in such an emergency, the coaching staff will endeavor to contact the player's emergency number as soon as possible if not reached prior to medical aid. I agree to inform Quasar if any change on this form occurs.

Name of Parent/Guardian. (BLOCK CAPITALS)

Signature:

.....

Date:

[Click here to enter a date.](#)

Please send this Form via email to: [kqcoach@aol.com](mailto:kqcoach@aol.com)

website: [www.quasarthockeyclub.co.uk](http://www.quasarthockeyclub.co.uk)

