



Burns Skills School

Parent/Guardian Consent Form

Name of Child

Age D.O.B Child's School

Parent/Guardian Name

Address.....

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Tel (day): Tel (evening):

Mobile: E-mail:

(Please make sure you are available at any of these numbers during the hours of coaching)

Alternative Contact Name:

Alternative Contact Number:

Medical Details

Doctors Name..... Tel:

Address

Is your child currently on any medication? Yes No

Medication or Conditions

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Has your child or anyone in your household tested positive for COVID-19 or any other variant in the last 10 days? Yes No

(If your child suffers from any conditions or takes any medication can you please state above, if child requires inhaler all inhalers must be brought to coaching sessions)

I give permission for my child to take part in Burns Skills School coaching and to be included in promotional photographs for example local newspapers, Twitter and Facebook etc.

Signed Parent/Guardian: Date:

Twitter - @Burns_skills

Facebook – Burns Skills School

Email – coaching@burnskillsschool.com