



PARENT/CARER CONSENT FORM REGULAR SPORT FIXTURES 2024-2025

School/Establishment: Mossley Hollins High School

Pupil Name: _____ Form Group: _____

I hereby agree to my child participating in standard sports fixtures on and off the school site.

I understand that:

- Such activities will normally take place within the school day, but if occasionally, they are likely to extend beyond this, adequate advance notice will be given so that I may make appropriate arrangements for my child's return home.
- My specific permission will be sought for any out-of-school sport fixture which could involve commitment to extended journeys, times or expense.
- All reasonable care will be taken of my child in respect of the sports fixture.
- My child will be under an obligation to obey all directions given and observe all rules and regulations governing the sports fixture and will be subject to all normal school discipline procedures during the fixture.
- I will inform the school of any medical condition or physical disabilities below, and if / when they arise.

Medical information:

Please confirm

Do you give photo consent for use on the school website, newsletters and social media?

Yes / No

In the event of a Medical Emergency do you consent to hospital treatment?

Yes / No

NAME OF PARENT/CARER _____

CONTACT MOBILE NUMBER _____

SIGNED (PARENT/CARER) _____

DATE _____

