



**SKILLBUILD COLLEGE INTER CAMPUS COMPETITION
PARTICIPATION PARENT/GUARDIAN CONSENT FORM**

Student Name: _____

Date of Birth: _____

College/Training Organisation Name/Address: _____

I agree to _____ (Insert name of student) taking part in the

(Name of College) _____

College Inter Campus Competition taking place at:-

(Address of Venue) _____

(Date of event) _____

(Insert name of Student) _____ Does*/does not* suffer from any condition requiring regular treatment.

My child suffers from* _____ and requires treatment.

(If you suffer from a particular medical condition, you must enclose a letter from your GP giving details of your condition and any treatment that may be required.)

Specialist Support Required: _____
(E.g. wheelchair user)

I consent to my child receiving any emergency medical treatment necessary during the course of the competition should the need arise.

Signed by Parent/Guardian (if under 18) _____

Date: _____

***Delete where applicable**