

# School Rugby Camp Overnight Consent Form

## Student Information

Student Name

Date of Birth

Class/Year Group

## Parent/Guardian Contact

Parent/Guardian Name

Phone Number

Email Address

Emergency Contact (if different)

Emergency Contact Phone

## Medical Information

Medical Conditions

Allergies

Medications

Dietary Restrictions

Consent

	Yes	No
Permission to participate in camp	<input type="radio"/>	<input type="radio"/>
Permission for emergency medical treatment	<input type="radio"/>	<input type="radio"/>
Permission for photographs/videos	<input type="radio"/>	<input type="radio"/>

Additional Notes

Parent/Guardian Signature

Date