

Pirates Canoe Club Under 18s Consent Form



PLEASE NOTE: THERE ARE TWO PAGES TO THIS FORM AND BOTH MUST BE COMPLETED IN FULL AND SIGNED ON PAGE 2.

Name of Child..... **Date of Birth**

Please give your home address and phone numbers. If you will be away from home during the activity please give an alternative address where you, a relative or friend acting for you, can be contacted. If you would prefer to discuss any aspect of this form then please contact the person in charge.

PLEASE PRINT IN CAPITAL LETTERS

Name of parent/guardian:	Emergency contact Name (if different):
Relationship to participant:	Relationship to participant:
Home address:	Address:
Post Code	Post Code:
Tel home:	Tel home:
Mobile:	Mobile:
Description of Activity Requiring Consent:	

Declaration

- I have had the activities explained and agree to my child to participate in the activities/ event.
- I consent that photographs or video taken by authorised personnel of my child at a club events may be used to promote the club and help improve performance.
Please circle if No
- I understand that the club/ organisers accept no responsibility for loss, damage or injury caused by or during attendance of the organised activity/ event except where such loss, damage or injury can be shown to result directly from the negligence of the club/ organisers.
- I confirm to the best of my knowledge that my child does not suffer from any medical condition other than those listed on page 2.
- I am responsible for completing this form accurately and including all details that might be needed by the person in charge. I am responsible for any errors and omissions to personal information and accept liability for any direct or indirect consequences that might arise from these errors or omissions.
- I confirm that my child is not subject to any court order prohibiting publication of their image.
- I agree that any child 12 and under will not be left without parent / guardian supervision either bankside or poolside.
- I agree to be at the pick-up/ drop-off point (age 13 and above) at the agreed time.

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Medical Consent

It is important that the organising staff should know whether your child suffers from any illness or medical condition. Please use the space below to state in confidence any health or other matters concerning your child of which we should be aware. Please also indicate if your child is receiving any medication, with details and dosage, and/ or specific dietary requirements.

<p>Current Medical Conditions- Does your child suffer from:</p> <p>Allergies Yes / No Asthma Yes / No Epilepsy Yes / No Diabetes Yes / No Skin Conditions (e.g. Eczema) Yes / No Recurring Headaches Yes / No Other</p> <p>If you answered yes to any of the above please give details:</p> <p>Does your child have any specific dietary needs: Yes / No Please specify if yes:</p> <p>Doctor's Name.....</p> <p>Doctor's Tel No.....</p>	<p>Does your child experience any conditions requiring medical treatment and/or medication? Yes / No If yes please give details:</p> <p>Medication:</p> <p>Method (e.g. injection, inhaler):</p> <p>Dosage and frequency:</p> <p>Please provide any other information we should know which could affect our ability to work with your child effectively:</p>
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I consent to my child receiving appropriate first aid or in a medical emergency consent to medical treatment which, in the opinion of a qualified medical practitioner, may be necessary.

Please delete as necessary:

- a) I give consent to **ANY** medical treatment to be provided in the event of an emergency
- b) I give consent for any medical treatment to be provided **EXCLUDING** (Please specify):

Signed:

Relationship to child:

Please print your name:

Date:

Note for organisers: This form should be completed before any activity takes place and the relevant information should be made available to the person in charge. The original should stay with the nominated official and stored safely. It is important to update this information annually.