

Consent Form for people with parental responsibility

Child's Details

Please print

Surname: First name:

Date of birth: Tel No:

Address:

..... Postcode:

Medical conditions, or details of any medication being taken, that you feel may be relevant for us to know about:

.....
.....
.....

Any other relevant information:

.....

Doctor's name: Tel No:

Address:

.....

Emergency contact details:

Main contact:

Name: Relationship to child:

Home Tel: Mobile:

2nd contact

Name: Relationship to child:

Home Tel: Mobile:

My child is in good health and I consider him/her capable of taking part in athletics. Yes/No

I consent that, in the event of any illness/accident, any necessary treatment can be administered to my child, which may include the use of anaesthetics, which are necessary in the opinion of a medically qualified practitioner. Yes/No

I give permission for a Coach to accompany my child whilst travelling to hospital by ambulance/car. Yes/No

I understand that, whilst Bideford Amateur Athletic Club will take every precaution to ensure that accidents do not happen, they cannot necessarily be held responsible for any loss, damage or injury suffered by my child. Yes/No

Does your child use an inhaler? Yes/No

I give permission for my child to carry and self-administer their inhaler while training/taking part in competitions. Yes/No
N/A

I consent to my child being photographed, and understand that such photographs may be used for publicity purposes. Yes/No

I consent to my child's name being used for publicity purposes - e.g. competition results in newspapers/websites etc. Yes/No

I give permission for my child to travel in the Club mini-bus or with an agreed adult/helper. Yes/No

I have read, and agree to follow the Code of Conduct for responsible parent/person with parental responsibility.

Signature (Parent/Guardian) Date

Name Relationship to child

I have read, and agree to follow the Code of Conduct for Athletes.

Signature (Child) Date

Name