PLEASE COMPLETE IN BLOCK CAPITALS

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Participant Details:**  |  |  |  |  | Address Line 1: |
|  Surname:  |   |   |   |   | Address Line2:  |
|  Forename(s):  |   |   |   |   | City/Town:  |
| Date of Birth:  |   | Age:  |   |   | Post Code:  |

Does the participant have any specific medical conditions or take any medications (including intermittently, eg, inhaler), or suffer from any allergies? It is your responsibility as parent/guardian to make known any potential medical conditions that may affect your child during the activities associated with the programme your child will be taking part in. This information will be shared with the organisers and coaches at events and training.

Has the Participant ever suffered from any of the following conditions?

* Asthma/bronchitis
* Heart conditions
* Fits, fainting or blackouts
* Severe headaches
* Diabetes
* Travel sickness
* Allergies to medication
* Any other allergies
* Other illnesses or disabilities
* Date of last Tetanus injection:

Is the participant currently taking any medications? If so, please provide details here:

Is there anything else you feel the training team should know about the participant?

**Medical Practitioners Name: Surgery Telephone No:**

CONSENT

I, the parent/guardian of …………………………………………………………………..

Give permission to the organisers of the activities referred to above to administer any relevant treatment or medication to the above named when, or if necessary.

In an emergency situation I authorise the organisers to take my son/daughter to hospital and give my full permission for any treatment required to be carried out in accordance with the hospital’s diagnosis.

I understand that I shall be notified, as soon as possible, of the hospital visit and any treatment given by the hospital.

Signed…………………………………………………………………. (parent/guardian)

Name (please print)…………………………………………………..

Date…………………………………………..