



# Parental Consent and Medical Form

Visit to /Activity **South Ribble Orienteering Club Junior Squad Sessions (Sept 2010 – Sept 2011)**

Full Name .....

Address .....

..... Post Code .....

Telephone..... Date of Birth.....

Email..... BOF Number..... SI number.....

Alternative contact address of next of kin (if home contact unavailable).....

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Telephone ..... Relation to participant .....

Contact for Doctor ..... Date of last tetanus.....

Address ..... Telephone .....

Any medical disabilities, treatment, medication, allergies or any relevant information (e.g. must carry inhaler at all times, takes tablets daily, wears contact lenses)

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Any Dietary needs .....

**Important. This form must be completed by the participant, and their parent/guardian if they are under 18. All participants must sign it.**

I acknowledge receipt of and understand the information regarding the proposed visit/activity and consent to .....

.....participating.

I have ensured that my son/daughter understands the information for his/her safety and for the safety of the group and that any rules and instructions given by staff are obeyed.

I undertake to inform the Leader of any changes in the fitness of the participant prior to the date(s) of departure.

I am in agreement that those in charge may give permission, including written, for the participants prior to receiving medical/dental treatment in an emergency.

I give/do not give\* consent to the taking of my child's photograph whilst orienteering and I understand that this may appear on a website or in an orienteering publication.

Signed ..... Date .....

Relationship to participant (if applicable)

I understand that for the group's and my own safety, I will undertake to obey the rules and instructions of members of staff.

Signature of participant ..... Date .....

**The completed form must be returned as soon as possible to Ian Selby**

**Failure to do so may make it impossible to take part in the activity.**