

Parental Consent Form

To be completed for all students under the age of 18 years of age by the parent/guardian
For activities organized by clubs within the W.K.U.

Section 1 – this data will help us to contact you should we need to during activities.

Name of Child:	D.O.B.
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Address:	Postcode:
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Name and Address of Parent/Carer during the activities if different from the child's address above.		
Postcode:	Relationship:	
Contact tel no(s) Daytime	Evening	Mobile:

Section 2- Medical Information. This data will help us to give the best possible care to your child.

Name of Family Doctor

Address and Phone number of family doctor.
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Please give details of any allergies affecting your child.
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Please give details of any medication your child is currently taking, the dosage and whether it can be self administered (Instructors are not permitted to issue medication)
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Please give details of any contagious or infectious diseases your child has suffered from in the past 3 months.

Please give details of other recent illnesses:
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Any other conditions that may affect training i.e. ADHD, autism, learning difficulties:

Please give date of last Anti-Tetanus infection:

Please give any details of any special dietary requirements your child has:

If water activities are involved on the course do you give your consent for your child to take part? Yes/No

Please give details of any activities that your child cannot take part in:

Section 3- to be read and signed only by the parent or other adult with parental responsibility.

Give permission for my son/daughter to take part in these activities and understand the nature of the activities that will be undertaken.

I understand that the leader will take all reasonable care in looking after my son/daughter but they cannot necessarily be held responsible for any loss or damage to property during or as a result of this trip.

In a emergency, if I cannot be contacted despite all reasonable attempts to do so by the instructor I give permission for my son/daughter to undergo emergency medical/dental treatment, including the use of anesthetics as considered necessary by the medical authorities.

I understand that if my son/daughter grossly misbehaves during these activities then the instructor may forbid them from further participation.

We may take videos and photographs of the students during the course of the activities and these may be posted on the WKU website.

Signature

Date

Parent or other adult

With parental responsibility