CHESTER RIVERSIDE CANOE CLUB – PARENTAL CONSENT FORM

Event Date

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| --- | --- |
| **PLEASE READ CAREFULLY:**  I have had the activities of the club explained and agree to my son/daughter taking part in these activities (PLEASE SEE A COACH OR COMMITTEE MEMBER IF YOU ARE UNSURE)  I consent to my child receiving medical treatment in case of an emergency.  I consent to my child travelling by any form of public transport, minibus or motor vehicle driven by a club member or parent  I understand that the club and organisers accept no responsibility for loss, damage or injury caused by or during attendance on any of the clubs organised activities | I confirm to the best of my knowledge that my son/daughter does not suffer from any medical condition other than those listed.  In your child’s interest, it is important that the  organisers/coaches should know whether he/she suffers from ANY illness or medical condition. Please use the space below to state, in confidence, any health or other matter concerning your child that club organisers/activity leaders should be aware  of.  Please indicate if your child is receiving any medication, with details and dosage. This medication needs to be clearly labelled and handed to the activity First Aider for the duration of the activity |

**Canoe England – “Canoeing/kayaking is a dangerous sport”**

I have noted the arrangements and give permission for

………………………………………………………………………………………………........................ (young person’s name)

To take part in ……………………………………………………………………………………………........ (proposed activity)

Name of Emergency Contact…………..........................……………………………...............…………………………….

Emergency contact phone number ……………………………….........................................………………............

Doctor’s Name & Contact Details ……………………………………………………………..............................…………

………………………………………………………………………………………………………………………………………………………......

Details of any medication currently being taken ………………………………………………………………………..........

………………………………………………………………………………………………………………………………………………………..

Details of any disabilities, conditions, allergies, special needs or cultural needs that might affect the event: …………………………..………………………………………………………………………………………………………………………………

If it becomes necessary for the above named young person to receive medical treatment and I cannot be contacted to authorise this, I hereby give my general consent to any necessary medical treatment and authorise the leader in charge to sign any documents required by the hospital authorities

Signed …………………………………………………………………………….... (Parent/Guardian) Date ………...……………....

Please use the back of this form if you require more space.