

## PADDLEPLUS PARENTAL CONSENT FORM

NAME OF CHILD
ADDRESS
POST CODE
DATE OF BIRTH
NEXT OF KIN

NAME OF PARENT/GUARDIAN
ADDRESS (If not as above)
POST CODE
DAYTIME TELEPHONE NUMBER
EVENING TELEPHONE NUMBER

DETAILS OF MEDICAL CONDITION/S (Allergies, asthma, diabetes, AD/HD etc)
DETAILS OF ANY MEDICATION BEING TAKEN (INC DOSAGE)
ANY FURTHER INFORMATION WE NEED TO KNOW TO ENABLE US TO COACH YOUR CHILD SAFELY
NAME OF DOCTOR
TEL NUMBER OF DOCTOR

- I have read the PaddlePlus Members handbook and agree to my child taking part in activities
- I consent to my child receiving any 1<sup>st</sup> aid which may be required and any medical treatment which, in the opinion of a medical practitioner may be necessary
- I confirm that my child is not subject to any court order prohibiting publication of their image
- I consent to my child travelling by minibus or vehicle driven by a club coach or any other parent attending, to and from any event in which the club is participating
- I agree to be at a pick-up/drop off point at an agreed time if deemed necessary during any activities
- I understand that the club or organisers accept no responsibility for loss, damage or injury caused by or during attendance

Signature of Parent/Guardian ..... Date .....