



Medical & Photography Consent Form
Parental Consent form (for participants under 18 years)
Please complete all sections in Block Capitals (2 pages)

Participant details

First name	Surname/family name
Home Address	
Date of birth	Age

Parent/guardian/person with legal responsibility

First name	Surname/family name
Relationship to child	
Home Number	
Mobile Number	

Alternative Emergency Contact:

First name	Surname/family name
Relationship to child	
Contact number during sessions	

Medical information

It is your responsibility to make known any disability/medical condition that may affect your child during the activity, and any medication that they may require. This information will be shared with those responsible for supervising the activity.

Has your child ever suffered from any of the following conditions:
Asthma/bronchitis, heart condition, fits, fainting or blackouts, severe headaches, diabetes? YES / NO

If YES please provide details, including any specific medical advice to be followed in an emergency:

Is your child currently taking any medication? YES / NO

If YES please specify:

When did your child last have a tetanus vaccination? Year:



Is your child currently suffering/recovering from any injuries which may affect their sailing?	YES / NO
If YES please provide details:	

Is your child vegetarian?	YES / NO
Does your child have any food allergies?	YES / NO
If YES please provide details:	

Does your child have a disability, learning difficulty or medical condition which may affect their learning (ability to participate in practical or theoretical sessions)?	YES / NO
If YES please provide details:	

Declaration of parent or person with legal responsibility

I the parent/guardian of:..... hereby acknowledge that I have read the attached conditions of participation and that I fully understand them. I have explained them to my child, who understands and agrees to abide by them.

Medical consent

I give permission to the organisers of activities during Dinghy Weeks 2015 (During August) to administer any relevant treatment or medication to the above-named participant when or if necessary.

In an emergency situation I authorise the organisers to take my child 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.

Consent for use of images

I grant to the organisers without payment the right in perpetuity to make, use and show any motion pictures, still pictures and live, taped or filmed television of or relating to the event.

I have read and understood the Conditions of Use attached.

I agree to notify the organisation of any relevant changes in my child's circumstances.

I confirm that my child is not under a court order.

Signed: (participant)

Signed: (parent/guardian).....

Name: (please print) Date: