



Parent consent form

Emergency details

Child's Full Name _____

Full postal Address _____

Date of Birth _____

Place of Birth _____

Parent / Guardian's Full Name _____

☎ Day _____

☎ Evening _____

☎ Mobile _____

Important Medical and Dietary Details

Name of Doctor _____ ☎ _____

Please give details _____

of any medical _____

conditions, allergies _____

or current medication. _____

Is your child allergic to any medication? Yes / No

If YES please give details. _____

Please give details _____

of any special dietary _____

requirements _____

As necessary, I give permission to Warden Hill staff to provide my child:

Paracetamol Yes / No

Ibuprofen Yes / No

Anti-histamine Yes / No

Anthisan (stings/bites) Yes / No

Swimming Ability

Is your child able to swim 50 metres or more? Yes / No

Is your child water confident (can duck head underwater & swim 15m in a life jacket/buoyancy aid without panic)? Yes / No

Is your child unable to swim? Yes / No

Declaration

I have read the information sheet provided and agree to my child's participation in the activities described. I believe that the information provided above is correct and will notify the course organiser of any changes as soon as possible. I agree to my child receiving medication as instructed and to any emergency dental, medical or surgical treatment as considered necessary by the medical authorities present. I understand the extent and limitations of the insurance cover provided.

Signature of Parent/Guardian

Date