



Albany Park Canoe and Sailing Centre
Kingston Youth Service
Parental/Guardian Medical/Consent Form



Name of Child _____

Date of Birth _____ Age _____ Male/Female (delete)

Name of Parent/Guardian _____

Address _____

Postcode _____

Tel. No. during activity _____ Other _____

Course/Activity name and code _____

Email address _____

We would like to add your email address to our electronic address book to be used to keep you informed of forthcoming activities and offers.
Please tick here if you DO NOT agree to this.

Activity Information

1. I agree to my son/daughter attending the proposed event and to his/her participation in any of the activities.
2. I have ensured that he/she understands the importance for his/her safety and the safety of the group of complying with the rules and instructions given by the staff in charge.
3. I accept that I may be required to bear the cost of any loss or damage that he/she causes which is not covered by the organisation's insurance.
4. I agree that during the activities photographs may be taken of which my child may be included and I agree for these photographs to be used in publicity used for the organisation.
5. I can confirm that my child is able to swim and can participate in water based activities. My child can swim _____ meters.

Medical Information –

This information is extremely important, please give as much detail as possible using a separate sheet if necessary

1. Does your son/daughter suffer from any conditions requiring medical treatment, including medication?
YES/NO – If yes please give brief details: _____
2. Is your son/daughter currently taking medication or required to take medication on a regular basis?
YES/NO – If yes please give brief details: _____
3. If the answer to the above question is yes, please state the name of the prescribed medication and how regularly it needs to be taken:

4. Does your son/daughter self-administer any such medication?
YES/NO – If yes please give brief details: _____
5. Has your son/daughter suffered from anything in the last four weeks that may be or become contagious or infectious?
YES/NO – If yes please give brief details: _____
6. Please give any additional information that you would like us to have about your son/daughter.

7. Does your son/daughter have any special dietary requirements/food allergies?
YES/NO – If yes please give brief details: _____
8. Please give details of your son/daughters Family Practitioner
Name _____ Telephone _____



DECLARATION

1. I authorise a member of the organisation's staff who holds a first aid qualification, to administer emergency first aid treatment where this is absolutely necessary in the event of a serious emergency if it would not be possible for such treatment to be administered by a qualified medical practitioner.
2. In the event of illness or an accident requiring emergency medical treatment, I agree to my son/daughter receiving treatment including anaesthetic as considered necessary by the medical authorities.
3. I agree to this treatment being authorised by a member of the organisation's staff, who may sign any written form of consent required by hospital authorities should a surgical operation or serum injection be deemed necessary and providing that the delay required to obtain my signature might be considered by a doctor likely to endanger my son/daughters health or safety.
4. I do not agree to my son/daughter receiving the following medical treatment.

5. I understand that approved staff and voluntary workers will take all reasonable care of my son/daughter but cannot necessarily be held responsible for any loss, damage or personal injury suffered by him/her

I also agree to bear the cost of any loss or damage caused by my son/daughter that is not covered by the Organisation's insurance.

Signed _____ Date _____
Parent or Guardian

Equal Opportunities monitoring

The following information is used to help us meet the needs of all young people. Only complete this section if you wish to assist us in this way.

I would describe my son/daughters ethnic decent as (please tick appropriate box ✓) :-

White British	<input type="checkbox"/>	White Irish	<input type="checkbox"/>	White Other	<input type="checkbox"/>		
Black Caribbean	<input type="checkbox"/>	Black African	<input type="checkbox"/>	Black British	<input type="checkbox"/>	Black Other	<input type="checkbox"/>
Asian Indian	<input type="checkbox"/>	Asian Pakistani	<input type="checkbox"/>	Asian Bangladeshi	<input type="checkbox"/>	Asian British	<input type="checkbox"/>
Mixed Race	<input type="checkbox"/>	Other Ethnic group	<input type="checkbox"/>	Decline to answer	<input type="checkbox"/>		

FOR OFFICE USE ONLY

Recorded Outcome Yes No

Qualification Gained _____

Date entered onto Youthbase _____