

Parental / legal guardian / carer consent form

Name of young person	
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Details of Event:

Establishment	Gala Harriers	Event organiser	Gala Harriers
Proposed event	Athletics programme at Tweedbank Track	Dates	24/03/11 - 31/03/12
Additional information will be provided by:	Parents/legal guardian/care		Additional documents
This form should be returned to:	Anne Purves or Fiona Shepherd	By (date):	24/03/11

Parental consent (parent/guardian are asked to complete this form)

Part 1: Additional support and/or medical information. (To be read and completed by parent/legal guardian.)

Having read the supplied information sheet giving details of the athletics programme (see attached copy) does your daughter/son have any illnesses that do not require medication, or specific additional support needs, or specific dietary needs or medical factors (asthma, allergies, phobias, vision/hearing impairments, recent illness / injury, contact with contagious or infectious disease in last 4 weeks etc.) that should be brought to the attention of the programme leader? Yes No

If yes please give brief details and significance:

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.....

If in the time between this date and the end of the programme, the status of my child's health changes, I will bring this to the attention of the programme organiser. I understand I should inform the programme organiser in writing as soon as possible, clearly identifying the name and date of birth of my child and the nature of the change. I understand that if I do not inform the event organiser this may compromise the child's participation in this event.

Administration of prescribed medication request.

Does your child require to have prescribed medication?

Yes If Yes complete Part A No If No please go to Part B on next page.

PART A: DETAILS OF MEDICATION

Name of Medication	Date Prescribed	Duration of Course	Dose Prescribed	Time(s) to be given

The above medication has been prescribed by the family or hospital doctor. It is clearly labelled indicating contents, dosage, expiry date and child's name in full.

GP Name (please print)

Address

Note: Medication will not be accepted by the organisers for administration during the event.

Part 2: Communication during exercise.

In the event of an emergency, or other unplanned event please supply two contact numbers, one of which to be parent/legal guardian/carer plus an alternative contact, in the event you cannot be reached.

Mobile :..... STD: (include area code)

Alternative contact: Name; Relationship to young person

Mobile :..... STD: (include area code)

These numbers to be retained by programme leader.

Part 3: Parental consent. To be completed by parents /legal guardians /carers.

I have received, read and completed Parts 1, 2 and 3 of this form and note the details of the activity, travel involved and the summary of foreseeable risks plus all other excursion information provided on the comprehensive information sheet. I note that in the event of any medical emergency the excursion leader will be responsible for ensuring my daughter/son is provided with appropriate medical attention and I agree to my daughter/son receiving such emergency medical treatment, including anaesthetic, as considered necessary by the medical authority consulted.

I agree to my daughter/son (name) taking part in the activities outlined on page 1 and her/his full participation in the activity described.

Please note that both parental signatures are requested when an excursion involves travel abroad.

Name **Signature**

Date