

# T4 – Paddlesport Consent Form

*This template applies to British Canoeing and its Home Nation Associations.*

**PLEASE NOTE: THERE ARE TWO PAGES TO THIS FORM AND BOTH MUST BE COMPLETED IN FULL AND SIGNED ON PAGE 2.**

**Name of Participant**..... **Date of Birth (if under 18)**.....

Please give your home address and phone numbers. If you / your son / daughter will be away from home during the activity please give an alternative address where you, a relative or friend acting for you, can be contacted. If you would prefer to discuss any aspect of this form then please contact the person in charge. **PLEASE PRINT IN CAPITAL LETTERS**

<b>Name of parent/carer:</b> (if under 18)	<b>Emergency contact Name:</b>
<b>Relationship to participant:</b> (if under 18)	<b>Relationship to participant:</b>
<b>Home address:</b>	<b>Address:</b>
<b>Post Code</b>	<b>Post Code:</b>
<b>Tel home:</b>	<b>Tel home:</b>
<b>Mobile:</b>	<b>Mobile:</b>
<b>Description of Activity Requiring Consent:</b>	

## Declaration

- I have had the activities explained and agree to myself/ my son/ my daughter to participate in the activities/ event.
- I consent that photographs or video taken by authorised personnel of myself/ my son/ my daughter at British Canoeing or club events may be used to promote Paddlesport and help improve performance. **Please circle if No**
- I understand that the club/ organisers accept no responsibility for loss, damage or injury caused by or during attendance of the organised activity/ event except where such loss, damage or injury can be shown to result directly from the negligence of the club/ organisers.
- I confirm to the best of my knowledge that myself/ my son/ my daughter does not suffer from any medical condition other than those declared on page 2.
- I understand that British Canoeing is insured for its civil liabilities as organiser of the event and that there is no personal accident cover for participants.
- I am responsible for completing this form accurately and including all details that might be needed by the person in charge. I am responsible for any errors and omissions to personal information and accept liability for any direct or indirect consequences that might arise from these errors or omissions.
- I confirm that my son/ daughter are not subject to any court order prohibiting publication of their image.
- I consent to my son/ daughter travelling by any form of transport arranged or approved by the organisation and related to the specific activity/event.
- I agree to be at the pick-up/ drop-off point at the agreed time.

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## Medical Consent

It is important that the organising staff should know whether you / your child suffer from any illness or medical condition. Please use the space below to state in confidence any health or other matters concerning you/ your child of which we should be aware. Please also indicate if you/ your child is receiving any medication, with details and dosage, and/ or specific dietary requirements.

<p><b>Current Medical Conditions-</b> Do you/ your child suffer from:</p> <p><b>Allergies</b> Yes / No      <b>Asthma</b> Yes / No  <b>Epilepsy</b> Yes / No      <b>Diabetes</b> Yes / No  <b>Skin Conditions</b> (e.g. Eczema) Yes / No  <b>Recurring Headaches</b> Yes / No  <b>Other</b> .....</p> <p><b>If you answered yes to any of the above please give details:</b></p>   <p><b>Do you/ your child have any specific dietary needs:</b> Yes / No  Please specify if yes:</p> <p><b>Child's Doctor's Name</b> .....</p> <p><b>Surgery Address</b> .....</p> <p><b>Surgery Tel No</b> .....</p>	<p><b>Do you/ your child experience any conditions requiring medical treatment and/or medication?</b> Yes / No  If yes please give details:</p> <p>Condition:</p> <p>Medication:</p> <p>Method (e.g. injection, inhaler):</p> <p>Dosage and frequency:</p> <p><b>Please provide any other information we should know which could affect our ability to work with you/ your child effectively:</b></p>   <p><b>Please detail type of pain / flu relief medication that may be given if necessary:</b></p>
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I consent to myself/ my child receiving appropriate first aid or in a medical emergency consent to medical treatment which, in the opinion of a qualified medical practitioner, may be necessary.

Please delete as necessary:

- a) I give consent to **ANY** medical treatment to be provided in the event of an emergency
- b) I give consent for any medical treatment to be provided **EXCLUDING** (Please specify): .....

Signed: .....

Relationship to participant: .....

Please print your name: .....

Date: .....

**Note for organisers:** This form should be completed before any activity takes place and the relevant information should be made available to the person in charge. The original should stay with the nominated official and stored safely. This information is to be reviewed on an annual basis.