



**Confidential**  
Parental Consent Form  
For children aged between 8 & 18 years  
Attending BFYC Training Events.



Course Title .....

Child's name ..... 1<sup>st</sup> Emergency Tel. ....

Date of Birth ..... Age ..... 2<sup>nd</sup> Emergency Tel. ....

Address ..... Post Code .....

**Medical information** Please complete where appropriate:-

Does s/he suffer from any pre-existing medical condition requiring treatment. Yes  No  ( please ✓ )

S/he suffers from ..... which may require treatment during the course.

S/he suffers from ..... which may affect him/her taking part in activities during the course.

S/he is taking the following prescribed medicines .....

Known allergies e.g. antibiotic, plasters, food etc. ....

NHS Medical card number ..... Date of last tetanus, if known .....

Doctor details: Name ..... Tel .....

Address ..... Post Code .....

Specific Dietary Requirments .....

S/he can swim 25 meters / yards unaided Yes  No  ( please ✓ )

**Parental Consent**

I have read the schedule of training and give consent for (name).....

to take part in the above course and I also agree to his/her taking part in the activities described.

I undertake to inform the Training Secretary or Senior Instructor if s/he or any family member or other person with whom they have had close contact is known to have or contracted any infectious disease within 21 days prior to the course.

In the event of an accident, I consent to emergency medical treatment, which may include the use of anaesthetics.

Signature of parent/guardian ..... Date .....

Please use box below for additional information you may wish to give.