



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



Course Title

Child's name 1st Emergency Tel.

Date of Birth Age 2nd 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.