

2017 Under 18 Consent Form CONFIDENTIAL

Child's Name:				
Date of Birth:		Age:		
Parent/Guardian/Person with L	egal Responsil	bility Contact	Details:	
Name:				
Relationship to Child:				
Home tel no:				
Mobile tel no:				
Doctor:		Tel no:		
It is your responsibility to make ke the activity, and any medication the responsible for supervising the ac-	hat they may red			
Has your child ever suffered from	any of the follo	wing conditions	s?	
Asthma/ Bronchitis Fits, fainting or blackouts Diabetes Allergies to medication Other Illnesses or disabilities	Yes/ No Yes/ No Yes/ No Yes/ No Yes/ No	Heart Conditions Severe Headaches Travel Sickness Any other allergies		Yes/ No Yes/ No Yes/ No Yes/ No
If you have answered yes to any advice to be followed in an emerg			etails, including any spe	ecific medical
Is your child currently taking any	medication?	Yes/ No	If so please specify.	
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When did your child last have a tetanus vaccination?		Please specify year.		
Is your child Vegetarian?		Yes/ No		
Does your child have any food allergies?		Yes/No	If so please specify.	

Medical consent

Medical consent	
I give permission to the organisers of activities during the period	vent)
In an emergency situation I authorise the organisers to take my child to hospital and give my full permission for any treatment required to be carried out in accordance with the hospital's diagnosis. understand that I shall be notified, as soon as possible, of the hospital visit and any treatment given the hospital.	
Declaration of parent or person with legal responsibility	
I the parent/guardian of	and
Consent for use of images	
I grant to the organisers without payment the right in perpetuity to make, use and show any motion pictures, still pictures and live, taped or filmed television of or relating to the event. I have read and understood the Conditions of Use:	
In accordance with our child protection policy the RS Class Association will not arrange for photogravideo or other images of young people to be taken or published without the consent of the parents/guardians and children. We will abide by the Conditions of Use below. If you have any condabout the way images are being used, you should inform RS Class Association Secretary Clare Sarg (clare@rs-association.com) immediately.	cerns
 We will normally only identify a child by reference to the child's first name. We will not use personal details or full names (ie first name and surname) of any child to accomp a photographic image on video, on our website, in our organisation brochure or any other electro or printed publications without good reason. "Good reason" includes using the full name of a chi a newsletter to organisation members if the child has won a trophy or award. We will not include personal email or postal addresses, telephone or mobile numbers on video, our website, in our organisation brochure or in other electronic or printed publications. We may use group photographs or video with very general labels, such as "Cadet Week". We will only use images of children who are suitably dressed, to reduce the risk of such images I used inappropriately. 	onic Id in on
6. Photographs or video may be used for coaching purposes or by officials during competition to illustrate incidents on the water.7. Commercial sale of any form of media will be limited to the organisers or their official photograph	ers.
Signed: (Child)	

Signed: (Parent/Guardian).....