St Mawes Sailing Club Junior Sail Training – School Programme

Parent/Guardian Consent Form - 2018

Child's Name:	
Course:	St Mawes School – Summer Term
Date of Course:	To

Date Preference: **Thursday/Friday**
Ability to swim The named child **CAN /CANNOT** swim 25meters unaided.
Medical information - It is your responsibility to make known any disability/medical condition that may affect your child during the activity, and any medication that they may require. This information will be shared with those responsible for supervising the activity.

I, the parent / guardian* of the above named child give permission to the instructors / coaches / staff participating in the above named activity / course / event to administer any relevant treatment or medication to the named participant, when/if necessary. I shall inform the organising body of any known conditions and medication requirements. I have explained these conditions to my child, who understands and agrees to abide by them.

1. Has your child ever suffered from any of the following conditions: Asthma/bronchitis, heart condition, fits, fainting or blackouts, severe headaches, diabetes? YES / NO If YES please provide details, including any specific medical advice to be followed in an emergency below.
2. Is your child currently taking any medication? YES / NO If YES please specify below.
3. Is your child currently suffering/recovering from any injuries which may affect their sailing? YES / NO If YES please provide detail below.

In addition, if the case arises, I authorise the members of staff to take my son/daughter to hospital and give full permission for any treatment required to be carried out in accordance with the hospital's diagnosis. I understand that I shall be notified, as soon as possible, of the hospital visit and any treatment given by the hospital.

Details of Known Conditions / Medication Requirements:

Consent to Use Photographs / Video Footage of Child Being Taken
For training and promotional purposes including social media - I the parent / guardian **do / do not** give permission to the organisers the right in perpetuity to make, use (including social media) and show any motion pictures, still pictures and live, taped or filmed television of or relating to the training programme. I agree to notify the organisation of any relevant changes in my child's circumstances. I confirm that my child is not under a court order.

Parent's/Guardian's Consent:

Signature:	
Print Name, Address and Post Code:	
Relationship to Child:	
Date:	
Telephone Numbers:	Mobile: Home: