



## Parental Consent Form

**To be completed and signed by the parent or guardian of any child under the age of 18 prior to participation in YCW organised activities unaccompanied by their parent or guardian.**

Please complete all sections in **BLOCK CAPITALS** and return to the event organiser.

### Participant's details

First name	Surname/family name
Home Address	
Date of birth	Age

### Parent/guardian/person with legal responsibility

First name	Surname/family name
Relationship to child	
Home Number	
Mobile Number	

### Alternative Emergency Contact:

First name	Surname/family name
Relationship to child	
Contact number during sessions	

**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.

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:

Is your child currently taking any medication?	YES / NO
If YES please specify:	
When did your child last have a tetanus vaccination?	Year:
I confirm my child can swim 25 metres	YES / NO

Is your child currently suffering/recovering from any injuries which may affect their sailing?	YES / NO
If YES please provide details:	

Does your child have a disability, learning difficulty or medical condition which may affect their learning (ability to participate in practical or theoretical sessions)? YES / NO
If YES please provide details:

**Declaration of parent or person with legal responsibility**

I the parent/guardian of ..... hereby acknowledge that I have read the attached conditions of participation and that I fully understand them. I have explained them to my child, who understands and agrees to abide by them.

**Medical consent**

I give permission to the organisers of activities during the period ..... (dates of event) to administer any relevant treatment or medication to the above-named participant when or if necessary.

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. I understand that I shall be notified, as soon as possible, of the hospital visit and any treatment given by the hospital.

**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 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.

Signed: (participant) .....

Signed: (parent/guardian).....

Name: (please print) ..... Date: .....