



Form of Consent – To be completed by parent / guardian / carer

1. Childs Details (Please Print)

Childs First Name:..... Surname:.....
 Date of Birth:..... Age:..... School:..... Gender:.....
 Child's Address:.....
 Post Code:.....

Please provide a contact name and number that we can use in emergencies. Where possible mobile number should be given

Name	Relationship to Child	Emergency Contact Number (PREFERABLY MOBILE)
.....
.....

2. Medical Information

Are there any specific medical, physical or other conditions of which the staff should be aware of e.g. disabilities, asthma, diabetes, nut allergy, epilepsy, heart/circulatory, behavioural or learning needs? If YES please give brief details

Does your child have an up to date tetanus immunisation? YES/NO. Date of last anti-tetanus vaccination

Is your child receiving any regular medical treatment? If so please give details on all medicines including dosage.

Do you give permission for non-prescription drugs e.g. paracetamol / calpol to be given to your child if necessary? YES/NO

If before the course starts, your child is in contact with any contagious or infections diseases which could affect them or other people please inform the staff.

Name and address of your child's doctor: Telephone No. of surgery:

Your child's National Health Number:

Does your child have any special dietary needs e.g. vegetarian, nut allergy? If YES please give brief details:

3. Water Confidence (Please tick if doing an adventure activity).

Please indicate your swimming ability:- Cannot Swim Able to Swim 10m Able to Swim 25m

4. How will your son/daughter be picked up at the end of the session? (Please tick the relevant box)

My daughter/son can leave the premises at any time and can walk/journey home alone
 My daughter/son will be collected by any of the below named individuals, unless the members of staff are notified otherwise

1) 2) 3)

5. Photography/Videoin Policy. Please tick if you consent to photographs being used

I give full permission for staff to take photographs of my daughter/son during the activity. I understand that these pictures may be used in local press and on the website for publicity purposes. **Please ask to see conditions.**

Parent/Carer/Guardian Signature: Date:

6. DECLARATION

- I understand that my child will undertake during his/her course.
- I understand that the teacher/instructor in charge of my child will be acting in 'loco parentis' and in the event of an accident I agree to my child receiving emergency medical treatment, which might include an anaesthetic or blood transfusion, as considered necessary by the medical authorities present.
- I undertake to inform the staff/Centre as soon as possible of any changes in the medical circumstances of my child that occur in between completing this form and the commencement of the course.
- I understand that Sport Conwy is insured in respect of its legal liabilities but that I am responsible for organising personal accident and other cover should I require it for my child.
- My child(ren) and I have read and understand the following behaviour rules and sanctions and agree to follow them. I understand that I will be responsible for picking up my child(ren) early if their behaviour causes serious concern.
- RULES OF BEHAVIOUR.**
 1) Act sensibly and responsibly; 2) Listen to and follow instruction; 3) Show respect for others, their property and the environment at all times. If any of the rules of behaviour are broken the following sanctions will be used.
- SANCTIONS FOR BAD BEHAVIOUR**
 1) Verbal warning; 2) Child withdrawn from activity for 10 minutes; 3) Child sent home and banned from future sessions. Parents / carers will be required to pick up their child immediately. Written incident form to be kept on file and copies sent to child(ren)'s parents / carers, leisure services and the child(ren)'s school. No refund given.
- In cases of serious incidents of bad behaviour the instructor or assistant instructor will stop the activity and send the child home immediately. Depending on the location or nature of activity, this may require cancellation of the activity session for the whole group.

Signature of Parent/Guardian/Carer: Date: