

## Parental/carer and Participant Consent and Medical Information Form

**[insert name of trip and dates]**

Athlete personal information	
Full name (as on passport)	
Known as	
Date of Birth	
Address (including postcode)	
Email	
Mobile number	

Parent/carer information	
Name	
Relationship	
Address (if different to above)	
Email	
Mobile number	

Additional emergency contact	
Name	
Relationship	
Email	
Mobile number	

### Doctors information

Drs name	
Practice name	
Address	
Phone number	

### Medical information

Details of any current medical conditions and/or medication.	
Details of any known allergies.	
Any other relevant information you'd like to provide? (e.g. special needs or reasonable adjustments)	

### Dietary information

Detail any food allergies	
Detail any food intolerances	
Detail any dietary requirements	

### Parent/Carer Consent

I consent to my child attending the named trip with [insert name of Club/Association].

I have received information about the programme and fully understand the name of the trip and agree to my child's participation in the activities described.

I understand that the activities may change due to weather and other safety considerations.

I have been informed of the accommodation sleeping arrangements and agree to them.

I have been informed of specific arrangements regarding [insert any specific arrangements referred to in the letter to parents/carers]

The information that I have provided in this form is accurate at the time, and I agree to inform the Team Manager as soon as possible of any changes between now and the start of the trip.

I understand that if my child seriously misbehaves or is a cause of danger to themselves or other, then I may be asked to collect them, or they may be brought back early from the trip. In such a situation there will be no obligation on the Club/Association to refund any money.

I agree to be at the drop-off and pick up points at the agreed time and date.

I agree to read and be bound by the British Orienteering Code of Conduct and understand that my child will be expected to always act in line with the code.

Parent/carer's name	
Signature	
Date	

### Parent/Carer Medical Consent

I agree to my child receiving medication as instructed above; and to them receiving any emergency dental, medical or surgical treatment, including anaesthetic or blood transfusion, as considered necessary by the medical authorities present.

Parent/carer's name	
Signature	
Date	

## Participants Declaration

I acknowledge receipt of and understand all the published information regarding the proposed activities/visits outlined in the trip details.

I understand that for the groups and my own safety, I will undertake to always obey the rules and instructions of the Team Manager and support staff/volunteers.

I understand that the activities may change due to weather and other safety considerations. The information I have provided in this form is currently accurate and I agree to inform the Team Manager as soon as possible of any changes between now and the start of the trip.

I agree to receiving medication as instructed above and to receiving any dental, medical or surgical treatment, including anaesthetic or blood transfusion, as considered necessary by the medical authorities present.

I agree to read and be bound by the British Orienteering Code of Conduct and understand that I will be expected to always act in line with the code.

I understand that if I misbehave or am a cause of danger to myself or to others, then I may be asked to leave the trip early. In such situation there will be no obligation on the Club/Association to refund any money.

I have been informed of curfew for the duration of the trip and agree to abide by it. I have also been made aware of the specific arrangements regarding **[insert any specific arrangements referred to in the letter to parents/carers]**

Participant's name	
Signature	
Date	