

Kings Arms & Cheshunt Angling Society

PARENTAL CONSENT FOR ANGLING ACTIVITIES

1. Details of Activities - Angling Coaching and Competitions

Dates from May 20th to September 16th

I agree to (childs name).....'s
participation

In the activities described.

I acknowledge the need for to
behave

responsibly during the activities.

Birthday Age

2. Medical information about your child

a) Does your child experience any conditions requiring medical
treatment including medication?

YES/NO

If YES give brief details

.....
.....

b) Coaches/Volunteers are not qualified to administer medication.
If your child requires specific medication please give details below
and sign the declaration overleaf.

.....
.....
.....

c) Is your child allergic to any medication?

YES/NO

If YES please specify

.....

When did your child last have a tetanus injection

.....

I will inform the person in charge as soon as possible of any changes in the medical or other circumstances between now and the end of the specified activities.

d) Can your child swim 0m 25m 50m 100m

3. Declaration

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

Emergency Contact(Name)

Contact Telephone Numbers:-

Work Home

Mobile E-mail

Home Address

.....

.....

Alternative Contact(Name)

Work Home

Mobile E-mail

Name of Family Doctor

Address

.....

Telephone Number.....

**The aforementioned child will arrive wearing suitable clothing,
have adequate eye protection and appropriate sunscreen.**

Signed Date
.....

Full Name
.....