

Example Consent Form

Please complete in BLOCK CAPITALS.

Student details

Name _____

Form/Class _____

Address _____

Emergency contact details

In the unlikely event of an accident, I agree to my child receiving any emergency medical treatment considered necessary by the medical authorities present
YES/NO

Emergency contact name _____

Relationship to student _____

Home no. _____ Work no. _____

Mobile _____

Doctor's name _____

Doctor's telephone number _____

I have included below, details of any medical conditions the staff at the Centre should know about (e.g. Asthma, Epilepsy, Diabetes, allergies etc) _____

Declaration

I agree to my son/daughter taking part in a visit to the Lea Rowing Club and participating in the activity **YES/NO**

I can confirm that my son/daughter can swim at least 50 metres in light clothing (PE kit), tread water for at least 2 minutes and swim under water for at least 5 metres **YES/NO**

I confirm that I have parental responsibility for the participant and I consider him/her to be fit to participate in the activity.

Signed _____ date _____

I give permission for the Lea Rowing Club Limited to use the participant's image to advertise and promote Lea Rowing Club. I understand that I waive all rights, ownership and copyright to this material and will not pursue any reward for its use, now or in the future **YES/NO**