

Recharge Parental Consent Form

Activity:

Name of participant:

Age:

Home Address:

Date of Birth:

School Year:

Tel Home:

Alternative Telephone Number for use in emergency:

In the event of an emergency, it is important that the person in charge of the group has the necessary information about any medical condition that could affect the participation or treatment of your child. All information requested will be treated in strict confidence, and will not necessarily prejudice the inclusion of your child in the activity. It is in the interests of your child that full and accurate information be given and that you notify us of any change in circumstances that might affect participation.

Has your child had recent surgery or been in contact with any infectious or contagious disease?

Has your child any known allergy (eg to penicillin, amoxicillin etc)

If your child is currently undergoing treatment by a Doctor please give details including medication?

Has your child received a tetanus injection within the last **ten** years?

Y / N

Has your child any medical condition which a doctor should know about before carrying out treatment (eg Asthma)

Is there any activity in which your child may NOT participate?

Does your child have/use an inhaler or EPPI pen?

Is there any additional information we should have? (Travel sickness, diabetes, vegetarian, etc?)

Name of Family Doctor:

Address:

Tel No:

Photographs/Images

I give my consent for photo and/or video images of my son/daughter to be taken and used by Recharge for publication and evaluation purposes

Yes/No

Insurance Information

Recharge Public Liability Insurance will meet claims resulting from accidental injury or damage to property if it is proved it was caused as a result of negligence on the part of Recharge or a Recharge employee.

Participants wishing to obtain cover for personal accident and Third Party Liability are advised to contact an insurance company or broker.

Declaration

I have read the information issued concerning the Recharge activity and the statement of insurance. I understand the nature of the activity/activities to be undertaken and consider my child fit to take part. He/She does not suffer from any medical condition not stated above. I hereby consent to the submission of the above named to emergency medical or surgical treatment including the administration of anaesthetic or blood transfusion as considered necessary by the medical authorities present.

Parent/Guardian Name (Block Capitals)

Signature

Date