



Park & Play: Medical Consent Form

Paddle Card Number

Date Issued:

Paddler Information

Full Name

Age

House Number / name

Post Code

Telephone

Email

Medical Information

Please give details of any disabilities you have:

Please give details of any medical conditions that the Centre should be aware of:

Please give details of any allergies you have:

Is there any other information that may be relevant to your participation in this activity:

Emergency Contact Details

Name

Relationship to you:

Telephone

Mobile

Photographs

We occasionally film or take photographs of our activities for publicity reasons, including reproduction on our website. If you do not agree to us using photographs or footage that includes yourself/your child, please tick the box

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I am over the age of 18 and confirm that all the information supplied above is correct

Name:

Date:

Signature:

A parent/guardian must sign below if the participant is under 18 years of age:

I the legal parent/guardian of give consent for my child to take part in this activity. In the event of an incident or accident involving my child, I agree to my child receiving first aid from a suitably qualified person and/or any medical or dental treatment, including but not without limitation to anaesthetic and blood transfusion, which may be considered necessary by a registered medical practitioner.

Name:

Date:

Signature: