



PARENTAL CONSENT FORM

Name of Member: _____ Date of Birth: _____

Activity/Event: _____ Date of Event: _____

DISABILITIES/HEALTH PROBLEMS OR MEDICATION REQUIRED:

Is your son/daughter a competent swimmer **Yes or No** (Please circle your answer)

I agree to my son/daughter participating in the above mentioned activity/event and understand that there will be free time during which he/she may not be supervised by Adult Helpers.

I authorise the adult helpers to take emergency decisions on my behalf in relation to my child, including the giving of permission for medical treatment on the advice of a qualified doctor.

Signed: _____ Date: _____

Print Name: _____ Relationship to Child: _____

Address: _____

Contact Tel No: _____ Mobile _____

SPECIAL MEDICAL/DIETARY REQUIREMENTS OR ALLERGIES TO FOOD OR MEDICINES:

Please Note: During organised activities & events, photographs may be taken to update our notice boards and put on our Web Site, etc. If you are happy with the photos to be used for this purpose please sign below. If you **do not** wish photos of your son/daughter to be used please **do not sign** the declaration below:

I **agree** for Dosthill Boys Club to take & use photos of my child in the Club i.e. Notice Boards, etc.

Signature of Parent/Guardian/Carer:

_____ Print Name: _____ Date: _____

I **agree** for Dosthill Boys Club to take & use photos of my child for the Club's Web Site.

Signature of Parent/Guardian/Carer:

_____ Print Name: _____ Date: _____