



PARENTAL/GUARDIAN CONSENT FORM
Whitehill Training Weekend
17th and 18th October 2009

I agree to my son/daughter taking part in the above training camp and agree to his/her participation in any or all of the activities during the camp. I acknowledge the need for obedience and responsible behaviour on his/her part.

Name _____ Date of Birth _____
Email _____ Phone _____
Squad _____ Coach _____

Medical Information

- A. Does your son/daughter suffer from any condition requiring medical treatment, including medication? If **YES** please give brief details. YES/NO _____

- B. To the best of your knowledge, has your child been in contact with any contagious or infectious diseases or suffered from anything in the last four weeks that may be/become contagious or infectious? If **YES** please give details. YES/NO _____

- C. Is your child allergic to any medication? If **YES** please specify. YES/NO _____

- D. Has your child received a tetanus injection in the last five years? YES/NO _____

- E. Please outline any special dietary requirements of your child. _____

- F. I undertake to inform the leader-in-charge as soon as possible of any changes in the medical circumstances between the date on which this form is signed and the commencement of the camp.

Declaration: I agree to my child receiving medication as instructed and any emergency medical, dental or surgical treatment, including anesthetic or blood transfusion, as considered necessary by the medical authorities present. I may be contacted by phoning the following numbers:

Work _____ Home _____

Home Address _____

If not available at above, please contact -

Name _____ Phone _____

Address _____

Name, address and phone number of family doctor -

Signed _____ **Date** _____