



I the undersigned..... (Parent/guardian) give permission for this child to take part in the Solway Yacht Club Cadet Week (inc. Training)

Unless unaccompanied by myself I agree that he/she will be under the authority of and responsibility to the instructor / coach / teacher. If, at anytime during the session he/she requires urgent medical treatment I give permission, if I cannot be contacted, to the doctor or surgeon designated to make any decision necessary including administering an anaesthetic.

Please tick either YES or NO below as appropriate. If YES, please provide further details including current medication.

	NO	YES	Further details including medicine and dosage	Self administered? Yes/No
Asthma				
Diabetes				
Epilepsy				
Hay Fever				
Heart Condition				
Any other condition that you feel we should be aware of				
Any known allergy to medicine (e.g. penicillin)				
Any recent injury or illness				

Are any of the conditions you have answered yes to above not known to the child?
Is there anything else you would like us to know?

From time to time, photography may be taken for promotional purposes. Do you have any objections to your child being photographed. **NO PHOTOGRAPHS/PHOTOS OK**

Solway Yacht Club will use your name and address for future notification of any cadet activities. If you do not wish to receive information please indicate. **NO INFO/INFO OK**

It is the responsibility of the parent / guardian to inform Solway Yacht Club if any details included on this form change.

Signature Date

Relationship

PLEASE NOTE THAT THOSE AGED UNDER 18 YEARS OF AGE WHO DO NOT HAVE A COMPLETED / SIGNED CONSENT FORM WILL NOT BE ALLOWED TO PARTICIPATE.

