



QUALITY PADDLESPORT COACHING AND COURSES

PARENTAL/GUARDIAN/CARER CONSENT AND MEDICAL INFORMATION FORM

(copy as required)

(This form is to be completed in full by the parent/guardian/carer and returned to Wild River)

1. DETAILS OF ACTIVITY

Activity:

From: (date/ time) To: (date/time)

Full name: Date of Birth:/...../.....

I agree to my son/daughter taking part in the above stated visit/activity and having read the information sheet, agree to his/her participation in any of all of the activities described. I acknowledge the need for good conduct and responsible behaviour on his/her part and that Wild River reserves the right to prevent my son/daughter continuing with the visit/activity in the case of poor behaviour. Further, I understand that there would be no entitlement to a refund of monies paid.

He/she is capable of swimming 25 metres unaided Yes / No (Delete as appropriate)

2. EMERGENCY DETAILS

a) I may be contacted by telephoning the following telephone number(s):

Home: (.....) Work: (.....)

Mobile Telephone Number :

Name and Address:

b) Please state an alternative contact point: - Telephone number: (.....)

Name and Address of Contact:

Child health service details: - Medical card number:

Family doctor (Name, address and telephone number):

.....(.....).....

3. MEDICAL INFORMATION Does your child suffer from any of the following conditions?

(Please cross out the 'yes' or 'no' which does not apply)

Asthma	Yes / No	Bronchitis	Yes / No
Chest Problems	Yes / No	Diabetes	Yes / No
Fainting	Yes / No	Migraine	Yes / No
Heart Trouble	Yes / No	Raised Blood Pressure	Yes / No
Tuberculosis	Yes / No		

If YES to any of the above, please provide details:

Epilepsy	Yes / No	If YES
a) What specific epilepsy syndrome has been diagnosed for your child?		
b) What is the pattern of any seizure?		

Does your child suffer from any other condition requiring medical treatment, including medication? Yes / No

If YES, please provide details:

Is your child allergic or sensitive to any medication (e.g. Penicillin), Insect bites or food?

Yes / No

if YES, please provide details:

.....

Poliomyelitis	Yes / No	Tetanus (lock jaw)	Yes / No
If YES to tetanus, please give date if known			

Is your child taking any form of medication on a regular basis?

Yes / No

If YES, please give full details, indicating the type of medication and dosage.

.....

Please ensure that your child has adequate supplies of medication and dosage for the whole visit.

To the best of your knowledge, has your child been in contact with any contagious or infectious diseases, or suffered any recent condition that may become infectious or contagious?

Yes / No

If YES, please give full details:

.....

.....

In the case of a residential course, does your child have any:

- Special dietary needs?
- Any childcare needs?

4. INSURANCE COVER

I understand that the visit is insured in respect of legal liabilities (third party liability) but that my child has no personal accident cover. I also understand that any extension of insurance cover is my responsibility unless advised differently by Wild River.

5. DECLARATION BY PARENT/CARER

- In the case of an emergency I agree to my child being given any medical, surgical or dental treatment, including general anesthetic and blood transfusion, as considered necessary by the medical authorities present.
- I have read the attached information provided about the proposed exchange visit and the insurance arrangements.
- I consent to my child taking part in the activity, and, having read the course information, declare my child to be in good health and physically able to participate in any activities mentioned.
- Wild River is not responsible for the student outside the activity time. Parents should make suitable arrangements to allow for this. Please take appropriate steps regarding transport to and from the activity
- I am aware of the levels of insurance cover.
- I will ensure that any change in the circumstances (e.g. recent medication or injury) which will affect my child's participation in the visit will be notified to Wild River prior to the visit.

I ACCEPT THAT THERE IS AN INHERENT RISK OF INJURY IN PARTICIPATION OF ADVENTUROUS OUTDOOR ACTIVITIES. RISK CAN BE REDUCED TO ACCEPTABLE LEVELS BY IMPLEMENTING APPROPRIATE RISK ASSESSMENTS. COPIES OF WRITTEN RISK ASSESSMENTS ARE AVAILABLE ON REQUEST FROM WILD RIVER.

Name of Parent/Guardian/Carer in block letters:

.....

Address:

.....

Signature of Parent/Guardian/Carer **Date**

(N.B. Parental/Guardian/Carer consent required for children aged 18 and under).