FAIRLOP PADDLESPORT – CONSENT AND EMERGENCY CONTACT FORM

Please complete this form with as much detail as possible. The purpose of the information is to ensure that we have the most up to date information and be able to provide the most appropriate treatment if the paddler suffers from illness or have an accident while on/ at a Fairlop Paddlesport Canoeing event/ trip.

It is your responsibility to inform Fairlop Paddlesport if any information on this form changes.

PLEASE PRINT IN CAPITAL LETTERS

<table>
<tr><td colspan="2">Name of Paddler:</td><td colspan="2">Date of Birth:</td></tr>
<tr><td colspan="2" rowspan="3">Address:

Post Code:</td><td>Home Tel:</td><td>Mobile:</td></tr>
<tr><td colspan="2">BCU number:</td></tr>
<tr><td colspan="2"></td></tr>
<tr><td colspan="4">Emergency contact details: Please give your normal address and an alternative address if you will be away from home during the activity where you, a relative or friend acting for you, can be contacted.</td></tr>
<tr><td colspan="2">Contact Name:</td><td colspan="2">Contact 2, Name:</td></tr>
<tr><td colspan="2">Relationship to Paddler:</td><td colspan="2">Relationship to Paddler:</td></tr>
<tr><td>Tel home:</td><td>Mobile:</td><td>Tel home:</td><td>Mobile:</td></tr>
<tr><td colspan="2">Address:</td><td colspan="2">Address:</td></tr>
</table>

DECLARATION

- I consent that photographs or video taken by authorised personnel of myself/ my son/ my daughter at organised events may be used to promote Paddlesport and help improve performance. **Yes / No (Please delete as appropriate)**
- I confirm to the best of my knowledge that myself/ my son/ my daughter does not suffer from any medical condition other than those listed on page 2.
- I am responsible for completing this form accurately and including all details that might be needed by the person in charge. I am responsible for any errors and omissions to personal information and accept liability for any direct or indirect consequences that might arise from these errors or omissions.
- I consent to my son/ daughter travelling by any form of transport arranged or approved by the organisation and related to the specific activity/ event.
- I confirm that my son/ daughter are not subject to any court order prohibiting publication of their image.

MEDICAL CONSENT

It is important that the organising staff should know whether you / your child suffer from any illness or medical condition. Please use the space below to state in confidence any health or other matters concerning you / your child which we should be aware of. Please indicate if you / your child are receiving any medication with details and dosage and / or specific dietary requirements.

Current Medical Conditions – Do you / your child suffer from: **Allergies** Yes / No **Asthma** Yes / No **Epilepsy** Yes / No **Diabetes** Yes / No **Skin conditions** (e.g. Eczema) Yes / No **Recurring Headaches** Yes / No **Other**…… **If you answered yes to any of the above, please give details:** **Do you / your child have any specific dietary requirements**: Yes / No Please specify: **Doctors Name:** **Doctors phone number:** **Doctors Address:**	**Do you / your child experience any conditions requiring medical treatment and / or medication?** Yes / No If yes, please give details: Medication: Method (e.g. injection, inhaler): Dosage and Frequency: **Please provide any other information we should know which could affect our ability to work with you / you child effectively:**

I consent to myself / my child receiving appropriate first aid or in a medical emergency consent to medical treatment which, in the opinion of a qualified medical practitioner, may be necessary.

Please delete as necessary:

a) I give consent to **ANY** medical treatment to be provided in the event of an emergency
b) I give consent for any medical treatment to be provided **EXCLUDING** (Please specify):……..

Signed:…….. Relationship to participant (if under 18)…….

Please print your name:…… Date:……