



Apologises for asking for same information twice, but it varies between ourselves and our watersports provider (Platty+)!

DATE OF THE ACTIVITY: 4th – 8th July 2009

I, the parent / the guardian of * give permission to the members of staff of Platty + on site during the period to administer any relevant treatment or medication to the above named participant, when/if necessary.

It is your responsibility to make known any potential medical conditions that may affect the participant during the activities associated with the training programme or event they are taking part in. Please therefore provide as many details as possible. This information will be shared with the staff involved in looking after the participant.

Has your son/daughter ever suffered from any of the following conditions? Please Tick...

<input type="checkbox"/>	Asthma/bronchitis	<input type="checkbox"/>	Travel sickness
<input type="checkbox"/>	Heart conditions	<input type="checkbox"/>	Allergies to medication
<input type="checkbox"/>	Fits, fainting or blackouts	<input type="checkbox"/>	Any other allergies
<input type="checkbox"/>	Severe headaches	<input type="checkbox"/>	Other illnesses or disabilities
<input type="checkbox"/>	Diabetes		

If you have answered Yes to any of the above, please provide details in the box below.

Is the participant currently taking any medication? If so, please specify.

Does the participant have any food or other allergies? If so, please specify.

In addition, if the case arises, I authorise the members of staff of Platty + to take the above named participant to hospital and give full permission for any treatment required to be carried out in accordance with the hospital's diagnosis. I understand I shall be notified as soon as possible, of the hospital visit and any treatment given by the hospital.

RESIDUAL RISK ACCEPTANCE

I accept that there is a potential risk of injury to participants in the activities that Platty + offer, that cannot be entirely eliminated.

MY / PARENT'S / GUARDIAN'S* CONSENT

Signed		Date:	June 2010
Name		Please print	
Relationship with participant*			