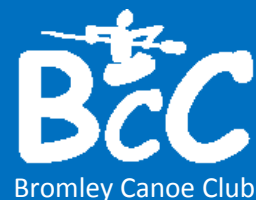


Trip Consent Form



TO BE COMPLETED BY ALL PARENTS/GUARDIANS THAT WISH THEIR CHILD TO PARTICIPATE ON AN ORGANISED TRIP – to enable us to manage and monitor the paddle sessions on the trip, and for BCU insurance purposes.

Please hand this form in before your child attends the trip

Trip Name:	
Trip Date (From/To):	
Parent/Guardian Name:	
Parent/Guardian Name:	
Emergency Contact Number (Landline):	
Emergency Contact Number (Mobile):	
Parent/Guardian Email Address:	
Parent/Guardian Address:	

I declare that I understand the nature of the trip, that my child will take part in various types of paddle sport on trips including paddling in a white water environment. That my child is at the ability level required for the trip.

I acknowledge that the club will be liable in the event of any accident only if they have failed to take reasonable steps in their duty of care for my child during the trip. I understand that the club members have a common law duty to act in the capacity of a reasonably prudent parent.

That my dependent as named on this form may attend the named trip to under the guardianship of

_____ and _____

Child's Details

Full Name		
Date of Birth		
My Child	Has not, to the best of my knowledge, been in touch with any infectious disease in the last month	
	Is in good health	
	Can swim 50 metres in light clothing	
	Please enter details if any of the above are not true:	
Please detail any allergies, sensitivities, or existing medical conditions or medications taken. <i>(Allergic to penicillin, nuts, sensitive to plasters, suffers from Asthma, takes salbutamol/inhalers – please detail dosage and how often etc.)</i>		
Name of Doctor		
Doctors Contact Number		
Doctors Address		

My child may receive emergency treatment during the trip, which may be authorised by the above named guardian(s). They may sign any written form of consent required by hospital authorities, should it not be possible to contact me, in order to authorise an emergency surgical operation or serum injection. This provided the delay required to obtain my signature might be considered by a doctor likely to endanger my dependent's health or wellbeing. Notwithstanding the above, over the counter (non-prescription) medication may be given on request, such as mild painkillers, if necessary.

Signed _____ (Parent / Guardian) Date ____ / ____ / ____