

CONSENT FORM FOR PEOPLE WITH PARENTAL RESPONSIBILITY

My child is in good health and I consider him/her capable of taking part in athletics. I consent that, in the event of any illness/accident, any necessary treatment can be administered to my child, which may include the use of anaesthetics. I also understand that whilst Team personnel will take every precaution to ensure that accidents do not happen, they cannot necessarily be held responsible for any loss, damage or injury suffered by my child.

Person with parental responsibility

Name (Please print):

Signature:

CHILD'S DETAILS

Surname:

First name:

Date of birth:

Address:

Postcode:

Contact telephone: (Daytime)
(Evening)
(mobile)

Medical information:

Any other relevant information (e.g. medical, dietary or sleeping requirements):

Doctor's name:

Doctor's telephone number:

This form should be completed and returned to:

(FRA Team Manager)

