

GB CANOEING 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 athlete suffers from illness or have an accident while on/ at GB Canoeing event/ trip.

PLEASE NOTE: THERE ARE TWO PAGES TO THIS FORM AND BOTH MUST BE COMPLETED IN FULL AND SIGNED ON PAGE 2.

PLEASE PRINT IN CAPITAL LETTERS

Name of Paddler:		Date of Birth:	
Address:		Home Tel:	Mobile:
		Passport No:	
Post Code:		Passport Expiry Date:	
<i>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.</i>			
Contact Name:		Contact 2, Name:	
Relationship to Paddler:		Relationship to Paddler:	
Tel home:	Mobile:	Tel home:	Mobile:
Address:		Address:	

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. **Please circle if No**
- 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.

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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 your child of which we should be aware. Please also indicate if you/ your child are receiving any medication, with details and dosage, and/ or specific dietary requirements.

<p>Current Medical Conditions- Do you/ your child suffer from:</p> <p>Allergies Yes / No Asthma Yes / No</p> <p>Epilepsy Yes / No Diabetes Yes / No</p> <p>Skin Conditions (e.g. Eczema) Yes / No</p> <p>Recurring Headaches Yes / No</p> <p>Other</p> <p>If you answered yes to any of the above please give details:</p> <p>Do you/ your child have any specific dietary needs: Yes / No</p> <p>Please specify if yes:</p> <p>Doctor's Name.....</p> <p>Doctor's Tel No.....</p>	<p>Do you/ your child experience any conditions requiring medical treatment and/or medication? Yes / No</p> <p>If yes please give details:</p> <p>Medication:</p> <p>Method (e.g. injection, inhaler):</p> <p>Dosage and frequency:</p> <p>Please provide any other information we should know which could affect our ability to work with you/ your child effectively:</p>
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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:

Notes for organisers: this form should be completed before any activity takes place and the relevant information should be made available to the person in charge. The original should stay with the nominated official and stored safely. It is important to update this information annually.