



WILTSHIRE SCHOOLS' ATHLETIC ASSOCIATION: **Medical & Consent Form**

IMPORTANT: This form must be completed by the parent or guardian if participant is under 18 Years of age and by the participant if he/she is over 18 years of age

Name of Participant		Male / Female
Address of Participant		Telephone (incl. STD)
Post Code		Participant's Date of Birth
Next of Kin - DURING THE PERIOD 6TH – 8TH JULY 2017		N.O.K Telephone No. (incl. STD)
Name:		Home:
Address:		Work:
Post Code:		

CONTACT FOR DOCTOR	Telephone No. (Incl. STD)	Details of Last Tetanus
Name:		
Address:		
Post Code:		

Please give details of any medical Conditions, Disabilities or Allergies to any Medication. Include relevant history	Please give details of any current medical treatment and or medication.	Details of any Special Dietary Requirements.

I ACKNOWLEDGE RECEIPT OF AND UNDERSTAND THE INFORMATION REGARDING THE PROPOSED VISIT TO BIRMINGHAM AND CONSENT

TO:.....PARTICIPATING

- 1) I have ensured that I/My Child understand(s) the information for my/his /her safety and for the safety of the group.
- 2) That any Rules and Instructions given by Staff are obeyed at all times.
- 3) I undertake to inform the Leader of any changes in the fitness of myself/the participant prior to the date of departure.
- 4) I am in agreement that those in charge may give permission for me / the participant to receive medical treatment in an Emergency.
- 5) I give permission for photos to be taken and used for publicity.

SIGNED:.....Parent/Guardian/Participant.

Date...../...../.....

I understand that for the groups and my own safety, I will undertake to obey the Rules and Instructions of members of staff at all ALL TIMES.

Signature of Participant.....

Date...../...../.....