



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 12TH – 14TH JULY 2018		N.O.K Telephone No.
Name:		(incl. STD)
Address:		Home:
Post Code:		Work:

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

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

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

TO:.....PARTICIPATING

I have ensured that I/My Child understand(s) the information for my/His /Her safety and for the safety of the group

That any Rules and Instructions given by Staff are obeyed at All Times.

I undertake to inform the Leader of any changes in the fitness of Myself/the Participant prior to the date of departure.

I am in agreement that those in charge may give permission for me / the Participant to receive medical treatment in an Emergency

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 Times.

Signature of Participant..... **Date**...../...../.....