



WILTSHIRE SCHOOLS' ATHLETIC ASSOCIATION:

Medical & Consent Form: SW Schools XC and Nationals Championship 2022

**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

<b>Name of Participant</b>		<b>Male / Female</b>
<b>Address of Participant</b>		<b>Telephone ( incl. STD )</b>
<b>Post Code</b>		<b>Participant's Date of Birth</b>
<b>Next of Kin – Name: Address:  Post Code:</b>		<b>Next of Kin Telephone No. ( incl. STD ) Home:  Work:  Email:</b>

<b>CONTACT FOR DOCTOR</b> <b>Name: Address:  Post Code:</b>	<b>Telephone No.( Incl. STD)</b>
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<b>Please give details of any medical Conditions, Disabilities or Allergies to any medication. Please Include any relevant past history</b>	<b>Please give details of any current Medical treatment or Medication.</b>	<b>Details of any Special Dietary Requirements.</b>
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I ACKNOWLEDGE RECEIPT OF AND UNDERSTAND THE INFORMATION REGARDING THE PROPOSED SW and NATIONAL XC CHAMPIONSHIPS 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

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 safety of the group and myself, I will undertake to abide by the Code of Conduct and obey the rules and instructions of members of staff at all times.

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