**WESSEX ORIENTEERING CLUB**

**PARENTAL CONSENT AND MEDICAL DATA FORM.**

Course Venue and Date………………………………………………………………..

Participant’s Full Name…………………………………………………………………………

Date of Birth………………………………………………………………………………….……

Address………………………………………………………………………………………….…

…………………………………………………………………………………………….………..

Name and Contact address of Next of Kin…………………………………………………….

………………………………………………………………………………………………………

Tel……………………………………………………………………………………….………….

Name and Contact address of Doctor………………………………………………………….

………………………………………………………………………………………….…………..

Tel………………………………………………………………………………………………...…

Any medical disabilities, treatment, medication, allergies or any other relevant information? (e.g. must carry inhaler at all times, takes tablets daily, hay fever sufferer etc.)………………………………………………………………………………………………..

………………………………………………………………………………………………………

Any Special Dietary requirements?....................................................................................

…………………………………………………………………………………………………….

I acknowledge receipt of, and understand, all of the published information regarding the proposed activity/visit as outlined above and consent to the participation of:

…………………………………………………………………………………………………….

I have ensured that my son/daughter understands the information for his/her safety and for the safety of the group and that any rules and instructions given by staff are obeyed.

I undertake to inform the leader of any changes in his/her medical health or fitness prior to the date of departure/commencement of activity.. I am in agreement that those in charge may give permission, including written, for the participant mentioned above to receive medical/dental treatment in an emergency.

Signed (Parent/Guardian)……………………………………………..Date……………………….

I understand that for the group and my own safety I will undertake to obey the rules and instructions of members of staff.

Signed (Under 18)…………………………………………………..Date……………………………..