



**Consent Form for children taking part in pool sessions**

I consent to my child..... taking part in pool sessions organised by Drumchapel and Clydebank Kayak Club. I understand that there may be physical contact between my child and an adult instructor

Child's Name .....  
Date of Birth .....  
Address.....  
.....  
Post Code.....  
Telephone Number .....

**Emergency Contact address**

Name..... Relationship to Child .....  
Address.....  
.....  
Post Code.....  
Telephone Number .....

- I confirm to the best of my knowledge that my son/daughter does not suffer from any medical condition other than those listed.
- I agree to my child's image being displayed on the club web site **yes/no** (delete)
- I understand that the Organisers accept no responsibility for loss, damage, or injury caused by or during attendance on any of the organised activities, except where such loss, damage or injury can be shown to be the result directly from the negligence of the Organisers.

Signature ..... (Consent by parent / carer)  
Print Full Name .....  
Date .....

**Medical information:**

1. Any specific medical information requiring medical treatment and / or medication Yes / No  
If Yes give details including names of medication and frequency of dosage:

2. Any allergies Yes / No  
If Yes give details and treatment required



**DATA PROTECTION**

Any information given will be treated as confidential and shall be accessible only by committee members. These records will be held on file for one year.

