



# Leicestershire Orienteering Club

## Parental Consent Form

To be completed for all young people engaged in orienteering for each season and for any additional activities which may be held at a different venue to that of their 'home' Club.

Child's First Name: ..... Child's Surname:.....

Parents/Carer's name(s):.....

Home address:.....

Postcode:..... Telephone number:.....

Date of Birth: ..... Age:..... Sex: M / F

Details of activity: Leicestershire Orienteering Club Junior training/coaching sessions 2016

## Emergency Contact Information

Emergency contact name:..... Emergency contact number:.....

Alternative contact name:..... Alternative contact number:.....

My child's Doctor's name and contact number:.....

## British Orienteering Parental Consent - Cont

### Medical Information

**1. Does your child experience any conditions requiring medical treatment and/or medication?**

Yes No If yes please provide details:

**2. Does your child have any allergies?**

Yes No If yes please provide details:

**3. Does your child have any specific dietary requirements?**

Yes No If yes please provide details:

**4. Please provide any further information you feel is necessary:**

I have received comprehensive details of the above activity and am aware of the *British Orienteering's Child Welfare Policy and Procedures*.

I consent to my child taking part in the activities detailed. I acknowledged that the Club will be liable in the event of any accident only if they have failed to take reasonable steps in their duty of care for my child during the activities.

I agree to be at the drop-off/pick-up point at the agreed time.

I confirm to the best of my knowledge that my child does not knowingly suffer from any medical condition other than those detailed above.

I consent to my child receiving medical treatment which in the opinion of a qualified medical practitioner may be necessary.

Parents email address if submitting electronically : .....

Parent/Carer's signature (if submitting paper copy):.....

Date:.....

**A copy of this form MUST either be returned to [club night Administrator/ BOOST Leader](#) in advance of the first event or handed to the person in charge at the beginning of the first activity attended.**