



2020 Under 18 Consent
CONFIDENTIAL

Child's Name:.....

Date of Birth:..... Age:.....

Parent/Guardian/Person with Legal Responsibility Contact Details:

Name:.....

Relationship to Child:.....

Home tel no:.....

Mobile tel no:.....

Doctor:..... Tel no:.....

It is your responsibility to make known any disability/medical condition that may affect your child during the activity, and any medication that they may require. This information will be shared with those responsible for supervising the activity.

Has your child ever suffered from any of the following conditions?

Asthma / Bronchitis	Yes/ No	Heart conditions	Yes/ No
Fits, fainting or blackouts	Yes/ No	Severe headaches	Yes/ No
Diabetes	Yes/ No	Travel sickness	Yes/ No
Allergies to medication	Yes/ No	Any other allergies	Yes/ No
Other Illnesses or disabilities	Yes/ No		

If you have answered yes to any of the above, please provide details, including any specific medical advice to be followed in an emergency, in the box below.

Is your child currently taking any medication? Yes/ No If so please specify.

When did your child last have a tetanus vaccination? Please specify year.

Is your child vegetarian? Yes/ No

Does your child have any food allergies? Yes/No If so please specify.

Medical consent

I give permission to the organisers of activities during the period (dates of event) to administer any relevant treatment or medication to the above-named child when or if necessary.

In an emergency situation I authorise the organisers to take my child to hospital and give my full permission for any treatment required to be carried out in accordance with the hospital's diagnosis. I understand that I shall be notified, as soon as possible, of the hospital visit and any treatment given by the hospital.

Declaration of parent or person with legal responsibility

I the parent/guardian of hereby acknowledge that I have read the conditions of participation (RS Class Association Notice of Race, Sailing Instructions and Event Notice) and that I fully understand them. I have explained them to my child, who understands and agrees to abide by them.

Consent for use of images

I grant to the organisers without payment the right in perpetuity to make, use and show any motion pictures, still pictures and live, taped or filmed television of or relating to the event.

I have read and understood the Conditions of Use:

In accordance with our child protection policy the RS Class Association will not arrange for photographs, video or other images of young people to be taken or published without the consent of the parents/guardians and children. We will abide by the Conditions of Use below. If you have any concerns about the way images are being used, you should inform RS Class Association Secretary Clare Sargent (clare@rs-association.com) immediately.

1. We will normally only identify a child by reference to the child's first name.
2. We will not use personal details or full names (ie first name and surname) of any child to accompany a photographic image on video, on our website, in our organisation brochure or any other electronic or printed publications without good reason. "Good reason" includes using the full name of a child in a newsletter to organisation members if the child has won a trophy or award.
3. We will not include personal email or postal addresses, telephone or mobile numbers on video, on our website, in our organisation brochure or in other electronic or printed publications.
4. We may use group photographs or video with very general labels, such as "Cadet Week".
5. We will only use images of children who are suitably dressed, to reduce the risk of such images being used inappropriately.
6. Photographs or video may be used for coaching purposes or by officials during competition to illustrate incidents on the water.
7. Commercial sale of any form of media will be limited to the organisers or their official photographers.

Signed: (Child)

Signed: (Parent/Guardian).....

Name: (please print) Date: