



Sheffield Lifesaving Club

NETHERLANDS TRIP 2016
CONSENT & CONTACT FORM (Medical)
DATES: 22nd to 25th January

NAME of CHILD: _____

DECLARATION

I am willing for my child to attend the activities in Eindhoven, Netherlands and understand that he / she will be under the control of the Group Leaders.

I declare my child has, as far as I am aware, not been in contact with any infectious disease for the last three weeks.

I consent to any emergency treatment necessary during the course of the day, and hereby authorise the group leaders to sign on my behalf any written consent required by the Hospital Authorities - should a surgical operation or serum injection be considered necessary – providing the delay required to obtain my authorisation might be considered by the doctors as likely to endanger my child's health.

Group Leaders:

Chris Ledger

(signature) _____ *Passport No. 513405706*

Jamie Wright

(signature) _____ *Passport No. 800984174*

Parent/Guardian

(signature)

MEDICAL INFORMATION *(please fill in the following section carefully)*

My Child is allergic to Penicillin Yes No

My Child has allergies to:

My Child has the following health problems requiring regular treatment:



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Charity Number 1046060



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My child takes the following medication:

My Child's Doctor is:

Surgery & Contact number is:

FOOD INFORMATION

My Child has specific food requirements (eg. Vegetarian):

FAMILY CONTACT DETAILS

Name of Parent(s) / Guardian(s)

Address of Parent / Guardian

Telephone

Home:

Mobile:

Mobile 2:

PHOTOGRAPHY

AS A PART OF THIS DECLARATION I GIVE PERMISSION FOR MY CHILD TO HAVE THEIR PHOTOGRAPH TAKEN DURING THE VISIT TO EINDHOVEN ON DAYS OUT AND DURING COMPETITION EVENTS

Yes / No (delete as required)



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