

LODERS YOUTH CLUB & LODERS YOUNG PLAYERS

PARENTAL CONSENT/MEDICAL FORM

I hereby give my consent for

Date of Birth Age

To participate in the DORSET ACTION VAN ACTIVITIES WITH BOUNCY CASTLE to be held on FRIDAY 22 JULY 2011.

I understand that, while every reasonable care will be taken, the staff and voluntary helpers cannot accept responsibility for any loss or damage to personal property, while my son/daughter is taking part in this activity.

My attention has been drawn to the desirability of arranging insurance cover in respect of personal accident.

I give the leader my permission to sign for any emergency medical treatment that may be required, if I am not available to sign the appropriate forms.

My son/daughter has the following medical condition:

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.....

For which the following medication is, has in the past been, used for treatment:

.....
.....

Please give any other information you feel could be of assistance:

.....
.....

Signed Mr/Mrs/Ms Date

Contact Tel No for that evening:

Name of Doctor Tel No

This form must be signed by the Parent or Legal Guardian

Please return this form on the night. (No form – no admittance – unless accompanied by a parent/guardian).