

# Template 2

## British Triathlon

### Parental Consent Form



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

Name of club:	
Child's first name:	Child's surname:
Parents/carers' name(s):	
Home address:	
Postcode:	
Telephone number:	

Date of birth:	Age:	Sex:
<input type="text"/>	<input type="text"/>	<input type="checkbox"/> M <input type="checkbox"/> F

Details of activity (dates/times/season/location):

### Emergency Contact Information

Emergency contact name:
Emergency contact number:
Alternative contact name:
Alternative contact number:
My child's doctor's name and contact number:



## 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 British Triathlon's Child Protection Policy and Procedures.
- I consent to my child taking part in the activities detailed. I acknowledge 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 that, in the opinion of a qualified medical practitioner, may be necessary.

Parent/carer's signature:

Print name:

Date:

**This form or a copy of it MUST be taken by the person in charge of the activity.**