

Dart Totnes Amateur Rowing Club
Steamer Quay Road Totnes
Devon TQ9 5AL



Parental consent for residential trips

Details of trip/activity:

Details of transport:

Departure time and location:

Return time and location:

Name of child in full:

Gender: _____ Date of birth: _____

Age: _____

Emergency contact name:

Phone No (work/home/mobile): _____

Relationship to child: _____

Alternative emergency contact name:

Phone No (work/home/mobile): _____

Relationship to child: _____

Medical information

Does your child have any medical conditions that require treatment? Yes No

If so please give details including any medication required:

Does your child have any specific dietary requirements? Yes No

If so please give details:

Does your child suffer from Asthma? Yes No

If so, please give brief details and any medication required:

Does your child suffer any other allergy? Yes No

If so, please give details:

Is your child able to swim 50 metres? Yes No

Please provide any other information you feel is necessary:

- I have received details of the above activity and consent to my child's participation in these activities.
- I am aware of British Rowing's Safeguarding & Protecting Children Policy.
- I acknowledge that the club will only be liable in the event of any accident 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 suffer from any medical condition other than those detailed above
- I consent to my child receiving medication as required and any emergency medical, dental or surgical treatment, including anaesthetic or blood transfusion, as considered necessary by the medical authorities present.

Parent/guardian signature:

Print name: _____ Date: _____