

**Laburnum Boat Club
Youth Watersports Training Project**

Medical Consent Form

I understand that during the period that my son / daughter / ward takes part in Laburnum Boat Club activities s/he will be in the care of centre staff. So far as I am aware s/he is in good health and I will inform Laburnum if s/he has been in contact with any infectious diseases. S/he has no special medical conditions, weakness or disability that may call for special care, other than those stated below. If s/he should be taken ill or become injured during an activity, and if a surgical operation or serum injection becomes necessary, I authorise the member of Laburnum Boat Club staff who is in charge to sign on my behalf (i.e. if delay in obtaining my signature were considered to endanger the health of my son / daughter / ward).

Members Name (please print):

Address:
.....

Tel. no. (hm):..... Alternative no.:

Medical History / Conditions (continue on a separate sheet if necessary):

Doctors Name:

Surgery Address:

Tel. no.:

Emergency Contact Name (please print):

Address:

Tel no.: Alternative no.:

Signed (parent / Guardian): Date:

Name (parent / guardian):