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| **Scottish Rowing** |  |  |

**Parental Consent Form for Attendance at SR Events**

**Confidentiality:** Details on this form will be held securely and will only be shared with coaches or others who need this information in order to meet the specific needs of your child.

Event Name

Date of Event

**To be completed by Parent or Guardian**

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| --- | --- | --- | --- | --- | --- |
| Name of child/young person: |  | | | | |
| Date of Birth: |  | | | | |
| Gender: |  | | | | |
| Name of parent (or guardian): |  | | | | |
| Tel No. of parent (or guardian): |  | | Alternative Tel No: | |  |
| Email of parent (or guardian): |  | | | | |
| Please confirm if there any activities that your child can not participate in? | Please give details: | | | | |
| ***Medical information:*** | | | | | |
| Any specific medical conditions requiring medical treatment? | **Yes** (please give details): | | | **No** | |
| Details of medication required (pain/flu/inhaler): |  | | | | |
| Any specific medical condition or disability? | **Yes** (please give details): | | | **No:** | |
| Any allergies? | **Yes** (please give details): | | | **No:** | |
| Details of any dietary requirements (vegan/vegetarian): | **Yes** (please give details): | | | **No:** | |
| **Consent information:** *please tick the boxes below* | | | | | |
| * I give consent for my child to attend this event. * I give my consent that if an emergency medical situation arises, Scottish Rowing may act as loco parentis including in the administration of first aid and / or other medical treatment which in the opinion of a qualified medical practitioner may be necessary. | | | | | |
| **Signature of parent / guardian:** | |  | | | |
| **Print name parent / guardian:** | |  | | | |
| **Date:** | |  | | | |