



PARENTAL CONSENT FORM

To be completed for all young persons engaged in angling activities of Seven Lakes Fishery.

NAME OF EVENT AT SEVEN LAKES FISHERY

HALF TERM COACHING DAY 29TH OCTOBER 2019

AM

PM

Child's details

Order No:

CHILD'S FORENAME(S)	CHILD'S SURNAME
DATE OF BIRTH	GENDER (✓) MALE <input type="checkbox"/> FEMALE <input type="checkbox"/>

NAME OF PARENT/CARER	
HOME ADDRESS	
POSTCODE	TELEPHONE

EMERGENCY CONTACT NAME	EMERGENCY CONTACT TELEPHONE
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ALTERNATIVE EMERGENCY CONTACT NAME	ALTERNATIVE EMERGENCY CONTACT TELEPHONE
NAME OF CHILD'S DOCTOR	CONTACT NUMBER FOR CHILD'S DOCTOR

Medical information

Does your child experience any conditions requiring medical treatment and/or medication?

Yes ☐ No ☐

If you answered "Yes", please provide details:

Does your child have any allergies?

Yes ☐ No ☐

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If you answered "Yes", please provide details:

Does your child have any specific dietary requirements?

Yes ☐ No ☐

If you answered "Yes", please provide details:

Please provide any further information that you feel is relevant or necessary

DECLARATION BY PARENT/CARER

- I have received comprehensive details of the activity referred to on page 1 and I am aware of the Seven Lakes Fishery Child Protection Policy and Procedures.
- I consent to my child taking part in the activities detailed.
- I undertake to be at the drop off/pick up point at the agreed time.
- I confirm that to the best of my belief and knowledge my child does not knowingly suffer from any medical condition other than those detailed above.
- I consent to my child receiving medical treatment which in the opinion of a qualified medical practitioner may be necessary.
- I consent to Understood Media and Seven Lakes Fishery to use photography and video captured on the day for their relevant marketing material.

SIGNED

PRINT NAME

DATE ____ / ____ / ____

Name, if someone else other than a parent is to pick up the child:

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