



Parental Consent Form

Parental consent is required for individuals under the age of 18 years participating in any activity at the Nene White Water Centre. These activities are by their very nature, 'Risk Assumed Sports'.

In signing this consent form, the parent / guardian agrees to allow the child specified below to participate in the activity with full acknowledgement of those risks

General Information		
Child's Full Name	Date of birth	Age
House Number / Name	Post Code	
Telephone	Email	

Medical Information
Please give details of any relevant medical conditions, for example asthma, diabetes, epilepsy etc
Please give details of any allergies, for example penicillin, plasters etc
Please list any medicines currently being taken
Does your child have any special needs ?
Name / address / phone number of family doctor

Parent / Guardian Telephone Contact Details (ignore this section if you are remaining on-site)
During the session / course, my telephone number will be:
Alternative telephone number:

Parent / Guardian Signature
I the legal parent/guardian of give consent for my child to take part in this activity. In the event of an incident or accident involving my child, I agree to my child receiving first aid from a suitably qualified person and / or any medical or dental treatment, including but not without limitation to anaesthetic and blood transfusion, which may be considered necessary by a registered medical practitioner.
Name: _____ Date: _____ Signature: _____