

Salmon & Trout Association

PARENTAL CONSENT FOR ANGLING ACTIVITIES

1 Details of activities

Dates - From To

I agree to (child's name) 's participation in the activities described. I acknowledge the need for to behave responsibly during the activities.

Child's address

.....
.....
.....

Date of birth

2 Medical information about your child

a Does your child experience any conditions requiring medical treatment including **YES/NO** medication?

If YES please give brief details:

.....
.....
.....

b Coaches/Volunteers are not qualified to administer medication. If your child requires specific medication please give details below, and sign the declaration overleaf:

.....
.....
.....
.....

c Is your child allergic to any medication? **YES/NO**
If YES please specify

When did your child last have a tetanus injection?

d Can your child swim?

0m	25m	50m	100m
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3 Declaration

I agree to my child receiving medication as instructed and any emergency dental, medical or surgical treatment including anaesthetic or blood transfusion as considered necessary by the medical authorities present.

Emergency contact (Name)

Contact telephone numbers (including national code)

Work Home

Mobile Email

Home address

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.....1.....1.....1

1
1

Alternative contact (Name)

Work Home

Mobile Email

Name of your family doctor

.....
..... Telephone number

The aforementioned child will arrive wearing suitable clothing, have adequate eye protection and appropriate sunscreen.

Signed Date

Full name