

Medical Declaration

Name:	Date:
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Activity: _____

I, _____

Being the legal parent/guardian of _____

Approve their entry to the event and will be present myself

Or

I hereby give permission to _____ to approve their entry and sign for any medical or surgical treatment necessary for my child during the event at HISC should the need arise.

Responsibility for children

Children must always be under the control of a responsible adult whilst on Club premises. The Club cannot be expected to exercise supervision or control over children whether afloat or ashore. Parents and guardians are responsible for their children's behaviour on Club premises and for ensuring that their children comply with the Club rules and bye-laws.

Existing or known medical conditions

If you suffer from an existing medical condition that the club should be aware of, please provide the details below including any medication you are currently taking and any specific medical advice to be followed in an emergency:

Existing or known FOOD ALLERGIES/INTOLERANCES

If you suffer from an existing food allergies or intolerances that the club should be aware of, please provide the details below:

Use of your image

The Organiser or staff at the club may arrange for images or videos to be taken at the event. By signing this form, you consent to your image being used within club or event promotions, on the HISC website and on HISC social media channels. If you wish to opt out of your picture being used, please let the office team know.

Signed

Parent.....

Parent/Guardian Contact Number.....