



City of Derby Swimming Club

Parental Consent Form

Event:			
Start Date:			
Return Date:			
I wish my child			

Be allowed to take part in the swimming camp at the above destination and having read the Swim Camp guide, agree to his/her taking part in the activities described. I understand that, while the team managers in charge of the party will take all reasonable care of the children, they cannot be held responsible for any loss, damage or injury suffered by my child arising during travelling, or whilst in the camp.

I consent to the City of Derby Swimming Club taking my son/daughter

.....(Name of Child) to this training camp event.

Signature of Parent/Guardian		Date	
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I do / do not* (*delete as appropriate) agree to have my son/daughter recorded via the use of modern media (e.g. video, photography, blog) in order to record events as they happen.

Signature of Parent/Guardian		Date	
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Swimmer Details

Surname:		Forename:	
Gender:	Date of Birth:	Age:	
Home address:			
Home telephone number:			
ASA Membership number:			



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Emergency Contacts

Contact Name 1:	Contact Name 2:
Relationship to swimmer:	Relationship to swimmer:
Home telephone number:	Home telephone number:
Mobile telephone number:	Mobile telephone number:
Work telephone number:	Work telephone number:

Medical

Does your child have any medical condition, disability or difficulty?	Yes/No*
If yes, please provide details below: It is important that you provide details to all medical conditions, disabilities and difficulties that may be relevant to your child's participation at the event. This includes telling us about any allergies, asthma, injuries, etc.	

(*Delete as appropriate)



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Please provide details of any current medication: (if medication is required to be administered during the camp please complete the medication form on page 5)

Do you wish the Team Managers to look after any medicines? (Please identify on page 5) [Preferred option]	Yes/No*
I give my permission for my child to carry their own medicine? (Please identify on page 5). Note if the child keeps medication with them, they are not allowed under any circumstances to give any to anyone else (even paracetamol).	Yes/No*
I give my permission for Coaches/Team Managers to make available any of the medicines listed on the medication form	Yes/No*

Signature of Parent/Guardian		Date	
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I give my consent for Team Managers to issue the following over-the-counter medicines (*delete as applicable) to my child where appropriate:

*Yes/No	Kwells® or similar for travel sickness
*Yes/No	Piriton®, Cetirizine or Clarityn® for allergic reactions (bites, hay fever, etc.)
*Yes/No	Paracetamol or Calpol® for pain relief
*Yes/No	Strepsils® for sore throat

Signature of Parent/Guardian		Date	
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Emergency Consent

Ibeing the parent/guardian of the above named hereby give permission for the Team Manager to give the immediate necessary authority on my behalf for any medical or surgical treatment recommended by competent medical authorities, where it would be contrary to my sons/daughters interest, in the doctor's medical opinion, for any delay to be incurred by seeking my personal consent.

Signature of Parent/Guardian		Date	
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Dietary Requirements

My child has the following special diet requirements:	
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Doctor

GP's Name:
GP's Telephone Number:
GP's Surgery Name & Address:

Does your child have up to date tetanus cover?Yes/No*.....

Swimmer's Declaration

..... (Name of Swimmer) hereby acknowledges that the City of Derby Swim Camp will be subject to the Club code of conduct and that failure to adhere to the Club Code of Conduct and/or rules set by the team managers, may result in disciplinary action including expulsion from the Swim Camp. NB., in the event of expulsion, the swimmer will be liable for all repatriation expenses including those of the chaperone.

Signature of Swimmer		Date:	
Signature of Parent/Guardian (if swimmer under 18)		Date:	



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Medication Form

Surname:	Forename:
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Important notes:

- No medication can be given without the parent/guardian's permission and signature (see page 3)
- All medication must be declared, and be clearly labelled with the name of the child, type of medication, date of expiry, and if refrigeration is required

Medication Authorisation

Type of Medication	Dosage	Possible Side Effects	Team Manager to look after
			Yes / No*
			Yes / No*
			Yes / No*

(*delete as appropriate. Yes = Team Manager to look after, No = Child's responsibility)

Medication Record

To be completed each day of the camp to ensure doses are not duplicated.

Date	Dosage	Time	Provided by	Witnessed by



Additional information (if required, including mobile phone number of swimmer if applicable):

Questions for Team Managers:

1.

2.

3.