

EMERGENCY CONTACT FORM (River Float)

(Please complete one of these forms for each young person under 16 years of age as at 27th May 2019)

Name of Young Person	
Young Person's Date of Birth	
Name of Responsible Adult	

Please provide details of two people who can be contacted in the event of an emergency.

Emergency Contact One

Name	
Relationship to Young Person	
Home Phone No.	
Work Phone No.	
Mobile Phone No.	

Emergency Contact Two

Name	
Relationship to Young Person	
Home Phone No.	
Work Phone No.	
Mobile Phone No.	

Please inform us of any medical condition or allergy which may affect your participation in the River Float which could affect a response to injury or illness suffered by the young person. This information will be held as confidential and only used as necessary during the event. It will be destroyed following the event.

Has the young person you ever suffered from any of the following:

Asthma	yes	no
Heart conditions	yes	no
Fits Fainting or blackouts	yes	no
Severe headaches	yes	no
Diabetes	yes	no
Allergy to medication	yes	no
Any other allergy	yes	no
Any other illness or disability	yes	no

If you have answered yes to any of the above, or indeed if there is any other relevant information we should have, please give brief details:

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When did your young person last have a Tetanus vaccination?

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Is your young person currently taking any medication – if so please specify.

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CONSENT TO TREATMENT FORM

(Please complete one of these forms for each young person under 16 years of age as at 27th May 2019)

I, as the parent/carer of give permission to the organisers of the River Float on 27 May 2019 to arrange for the administration of any relevant medication or treatment to during the event.

I understand that every attempt will be made to contact me, but that, should it be necessary, I authorise the organisers to arrange for my young person to be taken hospital, and give my full permission for any treatment required.

Signature	
Please Print your Name	
Name of Young Person	
Relationship to Young Person	
Date	

PHOTOGRAPHY CONSENT FORM

The organisers of the River Float Event will not arrange for photographs, film or other images to be taken of any young person participating without the consent of a parent or carer.

With that permission, images may only be used as publicity material and on the organisers' websites.

Consent

I, as the parent/carer of **consent / do not consent *** to photographing or filming of at the River Float event on 27 May 2019.

I **consent / do not consent *** to any images taken during the event to be used as publicity by the organisers.

Signature	
Please Print your Name	
Name of Young Person	
Relationship to Young Person	
Date	