**THE ARTHUR RANSOME SOCIETY**

**Consent and medical form for juniors**

To be completed by a parent or guardian if they will not be with the junior during a day event.

To be completed by a parent or guardian for **all** juniors attending an overnight camp.

To be given to the event organiser before the event commences.

**Event......................…....…........….....…....................…...…............….....…….**

**Date(s).......….....................................…................….**

**Name of child.…....................…................….........................…...................….**

**Membership number.…........….**

**Date of birth.....…..................…**

**Home address...…............................................................…...........................….**

**.…............................................…...................................….............…............…..**

**Postcode.....................…. Telephone number.…........….…..............…**

Please give an alternative number on which we can contact someone if an emergency should arise during the event and you are not at home (eg the number of a mobile which you will keep switched on or that of a grandparent or close family friend).

**Telephone number and name of contact.….….................….......…..…………**

**Name of child's doctor...............................…….**

**Address...…...........................................…..............................................……….**

**.....…..…............................................…...….….................…........…................…**

**Telephone number.........................…**

**Does the child have any allergies or medical conditions which may arise during the event? If so please give details of symptoms, signs of onset and what action you would like the event organisers to take.**

**...........….........................................................................................................……**

**.…...................................................................................................…...…...…….**

**................................…..........….….............…........….......….......…................….**

**Is the child receiving any medical treatment? If so please give details below. If they may need to take medication during an event (eg asthma inhaler) please ensure that they bring it with them, clearly labelled with their name. Please include details of dose, when and how the medication should be taken if you feel that your child will need assistance with this.**

**.............................….......….......................................…...…...........….......…...…**

**.…....................................................................................…...............................…**

**.......…...........…...…........................................….............................…........…….**

**Any other information that you feel the event leaders may need to know:**

**.….....................................................................….....................................….……**

**...….........................................…...............…...............................................……..**

**Name of person who will collect the child.....…....….......….......….....………..**

**If relevant to the activity, can this child swim 50m unaided?...........….**

**I give permission for ...................….......….......…..……… to participate in the event named overleaf.**

**Signed...............…............................….(Parent/Carer) Date.......……..**

**If your child suffers any illness or accident which requires emergency treatment, the event organisers will make every effort to contact you. Please consider signing the declaration below so that if we are unable to contact you, one of the organisers can sign medical consent forms on your behalf. This would only occur if the medical team considered the delay to obtain your own signature would be inadvisable.**

**In the event of my child requiring emergency medical treatment, I authorise the TARS event organiser or leader to sign any treatment consent form on my behalf.**

**Signed...............…............….......….........................…..Date.…............……..**

**Do you give permission for photographs of your child at this event to appear in**

**TARS publications? Yes/No**

**On our website? Yes/No**

**NB This consent and medical form applies only to this event.**

**Form updated 13th March 2021**