



Poppit Sands Surf Lifesaving Club Parental Consent Form



Members Name: _____

Members DOB: _____

Members Address: _____

Medical information: *Does the member have any condition which requires medical treatment including medication? If yes, please give brief details, or write NONE*

Does the member have any food allergies: _____

Does the member have any allergies to medications: _____

Contact Telephone Numbers:

Home	_____
Mobile 1	_____
Mobile 2	_____

Alternative Emergency Contact:

Name: _____ Relationship to Member: _____

Phone Number: _____

Address: _____

Name of Family Doctor: _____

Phone Number: _____

Address: _____

Declaration: *(delete as appropriate)*

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

I give / do not give permission for a club representative to photograph or film my child during their involvement in training or competition. I understand that these may be used on the club website, social media or general publications.

Signed: _____ Date: _____

Print Name: _____ Relationship to Member: _____