



## Cheltenham Canoe Club Parent Consent Form



Date of Consent

### Young Persons Details

Name

DOB

GP Surgery

Contact number

Medical Conditions, Allergies, Additional Needs and Current Medication

### Parents Details

Name

Contact Number

Home Address

Date of Activity and planned start and end times

Description and Location of Activity



## Cheltenham Canoe Club Parent Consent Form



### Parents Statement (tick box as appropriate)

I agree to my child taking part in the stated activity.	
I agree to my child being provided with medical treatment including the calling of an ambulance and onward care.	
I agree to Cheltenham Canoe Club keeping a record of this form for health and safety reasons.	
I agree to my child being filmed or photographed during the activity, with the possibility that these medias may be used on the clubs Facebook page or website.	
I wish to be advised if there is any change to the venue or timings of the activity.	

### Chaperones Statement

Name of Chaperone
I agree to act as 'Chaperone in loco parentis' for the named young person for the activity stated and for the period of the activity as stated on this form.
I agree to provide the young person with the best possible care and provide the best possible experience in line with the clubs Safeguarding Children (Welfare) Procedure and Policy

Signature of Parent

Signature of Chaperone (in loco parentis)

Reviewed S.Horne 15.07.25

Approved by Committee Minutes dated