



**MEDICAL DATA and PARENTAL CONSENT FORM (Under 18)**

(Please complete in block capitals)

Consent for NI Junior Squad Training and competition including travel to major events in the year April 2017 – April 2018

**Junior Details**

Name.....DOB.....

Address.....  
.....  
.....

Home Phone.....Mobile (Junior).....

Email (Junior).....

SI Card Number.....

**Medical**

**Please specify any medical conditions, disabilities, medication, allergies, dietary needs, or other relevant information. (eg: must carry inhaler at all times, takes tablets daily, wears contact lenses, paracetamol allergy).**

Allergies:

Medication:

Dietary Requirements:

Other:

GP's Name and address:

**Parent/Guardian Details**

Parent's / Guardian's Name .....

Address if different from above

Home Phone.....Mobile .....

Email.....

Other emergency contact name and phone number.....

**Parent Consent**

I confirm that I give my consent for my son/ daughter to attend NI Junior Orienteering Squad activities / events to be held during the year April 2017 – April 2018 and I undertake to inform the leader of any changes in his / her medical health or fitness prior to the date of departure or the commencement of the activity.

Parent's/ Guardian's signature.....Date.....

I am in agreement that those in charge may give permission, including written, for the participant mentioned above to receive medical / dental treatment in an emergency.

Parent's/ Guardian's signature.....Date.....

Photographs taken during squad activities may appear on an orienteering website or in an orienteering publication. **I give / do not give** (delete as applicable) consent to my child's photograph appearing in this way.

Parent's/ Guardian's signature.....Date.....

**I give / do not give** (delete as applicable) consent for my son / daughter to be contacted directly by email and understand that I will always be copied into such communications.

Parent's/ Guardian's signature.....Date.....

**Junior Undertaking**

For the group's and my own safety, I undertake to obey the rules and instructions of leaders and coaches.

Signature of participant.....Date.....

**The completed form must be given to the organiser before participating in activities in 2017-2018. Failure to do so may make it impossible to take part in an activity.**