

APPENDIX J

Event / Training Participation Permission & Medical Form

Name of Athlete _____ Date of Birth ___ / ___ / ___

Agreement

- I agree to delegate my authority to the supervising WLCC event manager and/or coach and that they may take whatever disciplinary action they deem necessary to ensure the safety, well-being and successful conduct of athletes as a group and individually.
- In the event of any serious misbehaviour on the part of my child, I understand that I will be contacted and will be responsible for any costs associated with my child's return from the event.
- In the event of an accident or illness, and in an emergency situation where an ambulance is not available within a reasonable period of time, I consent to my child being transported to a hospital/medical/dental clinic or to an ambulance by an authorised WLCC event member and/or coach in a private car.
- In the event of an accident or illness involving my child, and contact with me or the emergency contact being impossible or unsuccessful despite continued attempts, I authorise the WLCC event manager and/or coach to consent to whatever emergency/critical medical or surgical treatment a registered medical practitioner considers urgent and necessary. I will pay all medical expenses incurred on behalf of my child. Continued attempts to inform the parent or emergency contact will be undertaken in such circumstances until contact is made.
- I have provided all information necessary for the club to plan safe and reasonable health care support for my child. This includes, if relevant, information about any activity modifications my child may require for medical reasons.
- I consent to my child's doctor or medical specialist being contacted by medical personnel in an emergency.
- The information given is accurate to the best of my knowledge.

Emergency Family Contacts Parent/Carer

Parent/Carer Full Name	Home	Work	Mobile
Address			

Alternative Emergency Contact

Name	Home	Work	Mobile
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Parent/Carer Consent

As a parent/carer to	Athlete's Name
I,	Parent's/Carer's Name
give my consent for him/her to participate in/at	West Lakes Canoe Club - TRAINING AND LOCAL EVENTS
from	___ / ___ / ___ to ___ / ___ / ___
Signature and Date	_____ / ___ / ___

Emergency Medical Contact

If your child becomes unwell or is injured, medical attention will be sought if needed. Please provide name, address and telephone number of any medical personnel currently treating your child who may have information that may help emergency services.

Name	Address	Telephone
Other information		

Special Circumstances

My child has an injury, allergy or medical condition(s) requiring particular treatment in the event of accident, illness or emergency. YES NO

Details of Injury, Allergy OR Medical Condition (including asthma):

Is there a Medical (Asthma/Allergic Reaction) Management Plan in place? YES NO
If YES please attach Medical Management Plan.

Does your child require any modifications to this Plan? YES NO
If Yes, please detail:

Checklist and Risk Management:
Please provide details of the emergency and how to recognize it (Please provide extra attachments if necessary)

Emergency Treatment: *(Please provide extra attachments if necessary)*

In the event of an accident or illness, staff will call an ambulance if an emergency situation arises. Are there any special instructions to be given to the ambulance staff? If so, please add these below:

MediAlert number (if applicable)

Medications will need to be self-administered if the child is considered by their parent/carer to be capable. Children must be aware of dosage instructions and comply with specified times. If there is concern with self-administration the parent/carer must indicate below and make arrangements with team manager/coach.

Child is able to self-administer any medications YES NO

Team Manager / Coach is aware of requirements YES NO

Special Dietary Requirements

Please list any dietary requirements
