



# Byrds Training



British  
Dressage  
South West  
Region

CORNWALL - DEVON - DORSET - SOMERSET - WILTSHIRE - AVON - GLOUCESTERSHIRE

## PARENTAL CONSENT FORM

For use by organizers of competitions away from home, PC camps, day trips etc.

Name of Child ..... Date of Birth .....

Race/ Ethnic Origin ..... Any Disability or Special needs .....

Event .....

Date(s) of Event .....

Home Address of Parent/Carer .....

.....

..... Post Code .....

Tel No ( DAY )..... EVENING .....

Mobile No .....

MEDICAL DETAILS .....

Doctor's Name .....

NHS Card No .....

Additional details (Any information, given in confidence, of which the organizers should be aware – specific dietary requirements, details of ay medication, allergies etc.

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NB: If ANY OTHER SPORT/ACTIVITY IS PLANNED – i.e., SWIMMING PARENTS/CARERS CONSENT MUST BE OBTAINED AND DETAILS OF CHILD'S LEVEL OF COMPETENCE GIVEN.

### Declaration

I have received comprehensive details of this event and consent to my child taking part in the activities indicated. I consent to my child receiving any medical treatment, which in the opinion of a qualified medical practitioner, may be necessary

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

Signed..... ( child ) ..... Date .....