



PARENTAL/GUARDIAN CONSENT FORM

For use by RDOs/BYRDS Representatives/Chef d'Equipes at Competitions away from home including BYRDS Friendly Internationals/
Regional Competitions/Camps/Events

Name of Competition/Camp/Event:

Dates - From :

To :

Name of Child/Rider (U18) :

Date of Birth :

(Age) :

Please Tick

- I agree to my child taking part/attending in the above-mentioned competition/camp/Event.
- I agree to my child participating in any or all of the activities described.
- I acknowledge the need for responsible behaviour on my child's part and that should he/she be in breach of the code of conduct he/she may be sent home at my expense.
- I attach a Medical, Dietary and Contact Details Form and I undertake to inform the RDO/BYRDS Representative/Chef d'Equipe as soon as possible of any changes in the medical circumstances between the date on which this form is signed and the commencement of the Competition/Camp/Event.

Signed : (Parent / Guardian)

Name : (PLEASE PRINT)

Date :

Signed : (Child) [U18]

Name : (PLEASE PRINT)

Date :

MEDICAL, DIETARY AND CONTACT DETAILS



Name of Child :	Date of Birth :	(Age)
To the best of your knowledge has your child been in contact with any contagious or infectious diseases or suffered from any illness in the last four weeks that may be contagious or infectious? YES/NO If yes, please give details :		
Is your child allergic to any medication? YES/NO If yes, please give details :		
Does your child suffer from any conditions requiring medical treatment, including medication? YES/NO Including Allergies, Asthma, Chest Complaints, Hay Fever, Migraine, Travel Sickness, Diabetes, Fits or Faints If yes, please give details : Please list medicines being taken (including dosage) : Please note that if your child is under 16 years old all medicines, with the exception of epipens and inhalers, should be given to the RDO/BYRDS Representative/Chef d'Equipe. Spare epipens and inhalers should be given to the leader irrespective of age.		
Doctors Name : Telephone No : Address : NHS Card No :		
For residential camps/competitions please indicate whether your child has any special dietary requirements Please give details :		
Your contact details and telephone numbers : Name : Work Tel No : Address : Home Tel No: Mobile Tel No: Email :		
Please give details of someone we may contact should you be unavailable : Name : Work Tel No: Home Tel No: Mobile Tel No:		