

# OA4 SAIL/PB Parental consent for Sailing/Powerboating

Dear Parent / Guardian,

Please complete and return the form below. This relates to the forthcoming journey or activity for which you have received details. When you sign the form you are giving your consent for your child to take part in this activity.

**SCHOOL** \_\_\_\_\_

## SAILING/POWERBOATING WITH THE GUERNSEY SAILING TRUST

**TERM** \_\_\_\_\_

**Name of Student** \_\_\_\_\_ **Date of Birth** \_\_\_\_\_

### Special Details

Any relevant information concerning your child's health requiring special attention but which does not prevent him or her taking part should be noted below. For example, does your child:

- have any allergies?
- experience travel sickness?
- have diabetes, asthma or epilepsy?
- take medication

NB All medication must be in the possession of the school member of staff.

Please inform the school, in writing if the information in this form needs to be updated.

**Have you any additional comments?**

**Swimming ability (for water based activities)**

Is your child able to swim 50 metres in a pool?	yes	no
Is your child able to swim 50 metres in open water?	yes	no
Is your child confident about the proposed activity?	yes	no

- 1 I would like my son/ daughter to take part in the above mentioned visit or activity and having read the information provided agree to him/her taking part in the activities described.
- 2 I consent to any emergency medical treatment required by my child during the course of the visit.
- 3 I confirm that my child is in good health and I consider him/her fit to participate.
- 4 I accept that an element of risk is inherent in the activity

**Signature of Parent or Guardian** \_\_\_\_\_ **DATE** \_\_\_\_\_

**Name of Parent or Guardian (printed)** \_\_\_\_\_

**Address** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Telephone (Home)** \_\_\_\_\_ **(Work)** \_\_\_\_\_

**Emergency contact number, if different during trip** \_\_\_\_\_

**Family Doctor (Name)** \_\_\_\_\_ **(Practice)** \_\_\_\_\_

**Approximate date of last tetanus injection** \_\_\_\_\_