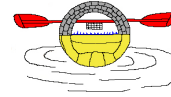


KILCOCK CANOE POLO CLUB

Consent to travel Form



Name & Date of Event / Activity _____

Name of Child _____

Date of Birth _____

Name of Family Doctor _____

Telephone Number _____

Please give address of Name, Address and Contact Details of Parent / Guardian. Also Name, Address and Contact Details of an Alternative Contact.

Name of Parent / Guardian _____

Address _____

Home Tel. No. _____

Work Tel. No. _____

Mobile Tel. No. _____

Email Address _____

Name of Alternative Contact _____

Relationship to Child _____

Address _____

Home Tel. No. _____

Work Tel. No. _____

Mobile Tel. No. _____

Medical

Please ensure that you detail any relevant medical history or medication.

Consent

- I have had the proposed activities/trip/event explained to me and agree to my child's participation.
- I confirm to the best of my knowledge that my child's does not suffer from any medical condition other than those listed.
- I consent to my child receiving medical treatment, which in the opinion of a qualified medical practitioner may be necessary.
- I consent that my son / daughter traveling in any form of public transport, minibus or motor vehicle as deemed necessary by the organizers.
- I agree to be at the proposed pick up / drop off point at the agreed times.

Signed (parent/guardian) _____ Date _____