

# RAC SADDLE CLUB PARENTAL CONSENT FORM

*(Please complete and bring on the day)*

Name of Child:.....

Date of Birth:.....

Event:.....

Date(s) of event:.....

Home address of parent/carer.....

.....

Post Code.....Tel No.....

Emergency Contact Tel No. whilst at event.....

## **MEDICAL DETAILS:**

Doctor's Name and Phone No.....

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Additional Details (any information, given in confidence, of which the organisers should be aware – specific dietary requirements, details of any medication etc.)

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## **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.....