

ENDURANCE GB

Parental consent form



To be completed by the parent/guardian of each young person (YP) under 18 attending a ride run on behalf of EGB.

Ride:

Date of Ride:

Name of Young Person:

Date of Birth:

YP Mobile No:

Any special needs/disabilities:

Doctors name:

NHS Card No:

Additional details: (any information, given in confidence, of which the organisers should be aware – specific dietary requirements, details of any medication, allergies including reaction to medication. Include religion, if applicable, to medical treatment.)

Any other information of which the Welfare Officer should be aware:

Declaration:

I have read the ride information relating to this ride and consent to my child taking part. I consent to my child receiving any medical or dental treatment, which, in the opinion of a qualified medical practitioner, may be necessary.

If applicable (delete if not): In my view, my child is capable of riding the class distance without an escort and is competent to deal with any difficulties which may arise.

If applicable: (delete if not): My child is taking part in a multi-day event and I am/not accompanying him/her. I consent to my child staying overnight with:

Name of accompanying adult:

Contact phone number:

Parent/Guardian Emergency contact no:

Signed (Parent/guardian)

Date:

This form should be put in a sealed envelope with the YP's name and kept by the Ride Sec for the duration of the event.