



EXCELSIOR PARENTAL/GUARDIAN CONSENT FORM

1. Details of voyage:

Start date:

2. Name of participant.....

3. Address

.....

.....

Tel No..... Alt. Tel. No.....

5. Age Date of Birth

6. Emergency contact name and/or telephone (if different from above)

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7. Personal Information: Please give details requested below or personal information which might be relevant.

a) Has your child, to your knowledge, been in contact with any infectious illness in the last three weeks?

YES/NO If yes, give details

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b) Does he/she suffer from allergies, diabetes, migraine, epilepsy, bad period pains, sleep-walking, bed-wetting or any other illness or disability?

YES/NO If yes, give details

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c) Is he/she allergic to anything (e.g. antibiotics, Elastoplast, aspirin or any such medicines, any particular food/drink)?

YES NO If yes, give details

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d) Is he/she actively sensitive to penicillin?

YES/NO If yes, give details

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e) Is he/she receiving any medical treatment at present?

YES/NO If yes, give details of illness/disability and treatment
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f) Date of last anti-tetanus injection

g) Does he/she have any special dietary needs?

h) Can he/she swim 50 metres? YES/NO

i) Name & Address of own Doctor.....

..... Tel No.....

8. Insurance: Participants are covered by The Excelsior Trust's insurance in the event of negligence by one of its employees or agents. Details are available on request.

9. It is nice to have photographic records of voyages and some of these might be suitable for the Trust's ongoing publicity. Unless you specifically request otherwise, photographs including your charge may be used by the Trust to promote EXCELSIOR and the Trust's activities.

Summary PLEASE COMPLETE:-

Voyager Name:		
Date of Birth:	Gender:	Nationality:
Passport Number:	Expiry Date:	
<small>(It is normal practice to have your passport with you on all voyages except a day sail)</small>		
Dietary Requirements:		
<small>(Vegetarian, nut allergy, dairy products or even dislikes etc.)</small>		
Health issues:		
<small>(Please tell us of any health issues which may affect your ability to help us on deck; please also remember to advise our skipper of any medication you may be taking when on the voyage)</small>		

Parental consent form on next page.

10. PARENTAL CONSENT:

- (i) I have read the information provided and agree to my son/daughter taking part in the above activities.
- (ii) I acknowledge the need for him/her to behave responsibly at all times.
- (iii) I understand that the staff responsible for the activities will take all reasonable care of participants.
- (iv) I consent to any emergency treatment necessary. I therefore authorise the party leader(s) to sign, on my behalf, any written form of consent required by the hospital authorities should medical treatment (a surgical operation or injection) be deemed necessary, provided that the delay required to obtain my signature might be considered, in the opinion of the doctor or surgeon concerned, likely to endanger my child's health or safety.
- (v) I consent to my child travelling in a motor vehicle driven by a member of staff or other adult in the event of an emergency.

Signature..... Print.....
(Please print your name alongside your signature)

Relationship with young person is not a Parent

11. Please return this form to: sailing@excelsiortrust.co.uk or by post by at least 4 weeks prior to your voyage.

Tel: 0845 308 2323

www.theexcelsiortrust.co.uk