

Beachborough Triathlon Club

MEDICAL INFORMATION

1. Does the athlete experience any conditions requiring medical treatment and/or medication?	YES / NO
If YES please provide details.	
2. Does the athlete have any allergies?	YES / NO
If YES please provide details.	
3. Does the athlete have any specific dietary requirements?	YES / NO
If YES please provide details.	
4. Please provide any further information you feel is necessary.	
	Please initial here
I have received comprehensive details of the above activity and am aware of British Triathlon's Child Protection Policy and procedures. I consent to my child taking part in the activities detailed. I acknowledge that the club will be liable in the event of an accident only if they failed to take reasonable steps in their duty of care for my child during the activities. · I agree to be at the drop off/pick up point at the agreed time. · I confirm to the best of my knowledge that my child does not knowingly suffer from any medical condition other than those detailed above.	
I consent to my child receiving medical treatment that, in the opinion of a qualified medical practitioner, may be necessary. I have read and signed the Consent for Photography and Images of Children section of this form, indicating my instructions to the club.	
Parent/Carers Signature:	
Date:	