



# The Blue Falcons Gymnastic Display Team

## Health & Consent Form

Please join our Facebook group for up-to date info about training & displays

@The Current Members of The Blue Falcons Gymnastic Display Team

PLEASE COMPLETE IN BLACK BALL-POINT PEN IN BLOCK CAPITALS. DELETE STARRED \* ITEMS AS APPROPRIATE.

NOTE: THIS INFORMATION WILL BE HELD IN CONFIDENCE. Details may be continued overleaf or on separate pages if necessary.

**A form must be completed in respect of each participant, irrespective of age. Members of The Blue Falcons Gymnastic Display Team age 18 or over may complete this form themselves. For members aged under 18, the form must be completed by the parent or guardian.**

### Gymnast/ Support details:

Surname: \_\_\_\_\_

First Names: \_\_\_\_\_

Address: \_\_\_\_\_

Gymnast/ Support own mobile number: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Gender: Male / Female / Other\*

Which school they attend: \_\_\_\_\_

### Doctors Name and Address:

Name of Surgery: \_\_\_\_\_

Address: \_\_\_\_\_

Postcode: \_\_\_\_\_

Telephone: \_\_\_\_\_

**PLEASE INDICATE YOUR CONSENT FOR THE FIRST AIDERS TO MAKE THE FOLLOWING MEDICINES AVAILABLE, SHOULD THEY BE REQUIRED IN EMERGENCIES, IN ORDER THAT YOUR CHILD/ OTHER MAY BE EITHER ADMINISTERED A DOSE OR SELF-ADMINISTERED A DOSE WITH FIRST AIDERS SUPERVISION:**

YES / NO\* Paracetamol  
YES / NO\* Ibuprofen (not for asthmatics)  
YES / NO\* Antihistamine medication (for allergic reactions)  
YES / NO\* Insect bite/sting cream  
YES / NO\* Fabric Plasters

### Do you have any medical conditions such as the following?:

Diabetes \_\_\_\_ Epilepsy \_\_\_\_ Heart Condition \_\_\_\_ Asthma \_\_\_\_

Allergies \_\_\_\_\_ Access to epi pen YES / NO\*

Please provide details of any medication currently being taken: if not applicable, please write 'NONE'

Does the participant self-medicate? YES / NO\*

### Parent/ Guardian next of kin's contact details:

#### **First contact:**

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Tel. Home: \_\_\_\_\_

Tel. Mobile: \_\_\_\_\_

E-mail: \_\_\_\_\_

#### **Second Contact:**

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Tel. Home: \_\_\_\_\_

Tel. Mobile: \_\_\_\_\_

E-mail: \_\_\_\_\_

### Parent/ Guardian Agreement is required for members under 18yrs (over 18's may sign the form themselves):

- I understand that my child/ other (as named above) will be the responsibility of their support team/ head coach during training sessions and events and I give consent for the first aiders to administer the medication as agreed above, at their discretion.
- In the event of an emergency relating to my child/ other, I understand that the support team will attempt to contact the 'first contact' as soon as possible. However, in the event that I cannot be contacted, I authorise the head coach/ first aiders to sign on my behalf any written form of consent required by the hospital authorities in the event of emergency medical treatment being necessary.
- I understand that it is my responsibility being the parent/ guardian/ other to ensure that the gymnast stated brings along any medication that may be required during training and at events.
- I also understand that photographs/ videos may be taken during the event for promotional purposes or use on our social media platforms, therefore if I have an objection to my child/ other being photographed I shall confirm this to the head coach in writing.
- All the information provided on this form is correct and up-to date to the best of my knowledge with nothing withheld.

Signed: \_\_\_\_\_ (parent/ guardian\*)

Date: \_\_\_\_\_