

**Devon Schools Athletics Association – Cross Country – Medical / Contact details - GDPR**

Please **complete** and **return** the form below.

<b>ATHLETE NAME:</b>	<b>D.O.B:</b>	<b>School</b>
<b>ADDRESS:</b> ..... ..... ..... <b>POST CODE:</b> .....	<b>(Parent/Guardian Contact details)</b> <b>TELEPHONE NO:</b>  <b>MOBILE NO:</b>  <b>EMAIL:</b>	
<b>South West Schools Cross Country 5<sup>th</sup> February 2022 Bath Racecourse (All Age groups)</b>  <b>E.S.A.A Cross Country 19<sup>th</sup> March 2022 Hop Farm Kent (Junior, Intermediate and Senior only )</b>	<b>Age Group</b>  <b>Minors (YR7) / Junior / Inter / Senior</b>  <b>Boys / Girls</b>	
<b>SPECIAL DETAILS:</b> Any relevant information concerning your child's health requiring special attention, but which does not prevent him or her taking part should be noted below: <span style="float:right"><i>[Please tick relevant box]</i></span>		
▪ <b>Does your child suffer from any allergies?</b> <i>If so, what are they:</i>	<b>YES</b> <input type="checkbox"/>	<b>NO</b> <input type="checkbox"/>
▪ <b>Take medication and if so, what is the dosage required?</b> <i>Dosage:</i>	<b>YES</b> <input type="checkbox"/>	<b>NO</b> <input type="checkbox"/>
▪ <b>Have diabetes, asthma or epilepsy?</b>	<b>YES</b> <input type="checkbox"/>	<b>NO</b> <input type="checkbox"/>
▪ <b>Has your child had any relevant recent illness?</b> <i>If so, what:</i>	<b>YES</b> <input type="checkbox"/>	<b>NO</b> <input type="checkbox"/>
▪ <b>Any additional information we should be aware of?</b>		
▪ <b>Date of last tetanus injection:</b>		
<p>1. I would like my son/daughter to take part in the above mentioned visit or activity and having read the information provided agree to him/her taking part in any or all of the activities described.</p> <p>2. I consent to any emergency medical treatment if required.</p> <p>3. I confirm that they are in good health and I consider him/her fit to participate.</p> <p>4. I have read and fully understand and agree to the D.S.A.A GDPR policy on the D.S.A.A website</p>		
<b>SIGNATURE OF ATHLETE:</b>	<b>DATE:</b>	
<b>SIGNATURE OF PARENT/GUARDIAN:</b>	<b>DATE:</b>	