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

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

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| **ATHLETE NAME:** | **D.O.B: :** | **School** |
| **ADDRESS:**  ……………………………………………………………………  ……………………………………………………………………  ………………………………… **POST CODE:** ..……..……... | **(Parent/Guardian Contact details)**  **TELEPHONE NO:**  **MOBILE NO:**  **EMAIL:** | |
| **South West Schools Cross Country 2nd February 2019**  **Bath Racecourse ( All Age groups)**  **E.S.A.A Cross Country 15th & 16th March 2019**  **Leeds (Junior, Intermediate and Senior only )** | **Age Group**  **Minors (YR7) / Junior / Inter / Senior**  **Boys / Girls** | |
| **SPECIAL DETAILS:**  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:*[Please tick relevant box]* | | |
| * **Does your child suffer from any allergies? YES 🞎 NO 🞎**   *If so, what are they:* | | |
| * **Take medication and if so, what is the dosage required? YES 🞎 NO 🞎**   *Dosage:* | | |
| * **Have diabetes, asthma or epilepsy? YES 🞎 NO 🞎** | | |
| * **Has your child had any relevant recent illness? YES 🞎 NO 🞎**   *If so, what:* | | |
| * **Any additional information we should be aware of?** | | |
| * **Date of last tetanus injection:** | | |
| 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.  2. I consent to any emergency medical treatment required by my child during the course of the visit.  3. I confirm that they are in good health and I consider him/her fit to participate.  4. I have read and fully understand and agree to the D.S.A.A GDPR policy on the D.S.A.A website | | |
| **SIGNATURE OF ATHLETE:** | **DATE:** | |
| **SIGNATURE OF PARENT/GUARDIAN:**  . | **DATE:** | |