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

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

|  |  |  |
| --- | --- | --- |
| **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 hertaking 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:** |