ENDURANCE GB
Parental consent form

To be completed by the parent/guardian of each young person (YP) under 18 attending a ride run on behalf of EGB.

Ride: **Date of Ride:**

Name of Young Person:

Date of Birth: **YP Mobile No:**

Declaration:
I have read the ride information relating to this ride and consent to my child taking part. I consent to my child receiving any medical or dental treatment, which, in the opinion of a qualified medical practitioner, may be necessary.

I have recorded details of disabilities and/or medical issues on the reverse of this form.

Doctors name: **NHS Card No:**

If applicable (delete if not): In my view, my child is capable of riding the class distance without an escort and is competent to deal with any difficulties which may arise.

If staying overnight: (delete if not): My child is taking part in a multi-day event and I am/not accompanying him/her. I consent to my child staying **overnight** with:

Name of accompanying adult :
Contact phone number:
NB Please use separate form for escorts – this is for the adult accompanying the Young Person to the ride if not their parent.

Parent/Guardian Emergency contact no:

Signed (Parent/guardian) **Date:**

If applicable please fill in the reverse of the form for disabilities/medical issues.

Signature of the Ride Secretary …….. Date:…….

This form should now be put in a sealed envelope with the YP's name and kept by the Ride Sec for the duration of the event.

Optional:

Consent to accompanying adult:

I give consent for the adult accompanying my child to this ride/event (named below) to nominate a change of escort should this be required, and to act in loco parentis.

Name of Accompanying Adult:

Contact phone number:

Declaration:

I give consent for the above named adult to nominate a change of escort should this be required and to act 'in loco parentis' with regard to the welfare of my child at this ride/event.

Signed: (Parent/person with parental responsibility)

Print name: Date:

Any special needs/disabilities:

Additional details: (any information, given in confidence, of which the organisers should be aware – specific dietary requirements, details of any medication, allergies including reaction to medication. Include religion, if applicable, to medical treatment.)

Any other information of which the Safeguarding Officer should be aware: