

Mablethorpe Marathon Foundation(MMF) Parental Consent Form

Details of athletic activity:

MMF Half Marathon & 5Km road race, October 1st 2017. This consent form applies to and must be completed on behalf of all competitors who are younger than 18 years old on the day of the races.

I agree to (Child's name).....taking part in this activity and I acknowledge the need for them to behave responsibly at all times.

Signed: Date:

Relationship to the child

Photography and recorded images

NB. An official photographer will be operating at our event.

MMF recognises the need to ensure the welfare and safety of all young people in athletics.

In accordance with UK Athletics child protection policy and procedures, MMF will not permit photographs, video or other images of children & young people to be taken without the consent of them and their guardians.

MMF will follow the guidance for the use of photographs which is available on www.uka.org.uk and their own policy on safeguarding, available from the Designated Vulnerable Persons Officer on request.

MMF will take all possible steps to ensure images are used solely for the purposes they are intended. If you become aware that images are being used inappropriately you should inform the Designated Vulnerable Persons Officer immediately.

I,(parent/guardian) give consent to MMF or their appointed photographer taking images of my child's involvement in the event on the date shown above for the purposes of publicising and promoting the event.

Signed: Date:

I,(the child) give consent to MMF or their appointed photographer taking images of my involvement in the event on the date shown above and agree to them being published for the purposes of publicising and promoting the event.

Signed: Date:

Medical information about this child

i) Any conditions requiring medical treatment, including medication.....YES/NO
(choose one)

If YES please give brief details:-

.....
.....

ii) Is your child allergic to any medication.....YES/NO (choose one)

If YES please give details:-

.....
.....

iii) When did your child last have a tetanus injection?

Declaration

I agree to my child receiving medication as instructed and any emergency dental, medical or surgical treatment, including anaesthetic or blood transfusion, as considered necessary by the medical authorities present.

Signed: Date:

Emergency contact

First emergency contact (name):

Contact telephone numbers:- First contact

Alternative emergency contact (name):

Alternative contact's number:

Name of your family doctor:

Address of medical practice :

.....

Practice telephone number :

Signed: Date:

This form MUST be completed & returned to MMF whose Designated Vulnerable Persons Officer will retain it in a confidential place. When no longer in use it will be destroyed.

IMPORTANT NOTE

There is also a section on the reverse of the number bib worn by all runners for medical information to be recorded and MMF instructs all competitors to complete these details.

Guardians of children taking part should also take heed of this instruction to ensure that the correct and full medical information is given.