

Are you vegetarian? Do you have any food allergies?

Consent

I the parent/guardian of give permission to the RYA appointed supervisor to administer to the named person, any treatment or medication when or if necessary.

Further, if the case arises I authorise the RYA appointed supervisor to take my son/daughter to hospital and give my full permission for any treatment required, to be canied out in accordance with the hospital's diagnosis. I understand that I shall be notified, as soon as possible, of the hospital visit and any treatment given by the hospital.

Signed (parent)

Name.....

Date.....