



Chiswick Pier Canoe Club
Parental Permission Form

Full name of child:.....
Sex: Male/Female (delete as applicable) D.O.B. ___/___/___

Name of parent/guardian:.....
Address:
.....
.....
.....
.....
.....

Emergency contact Telephone number(s):
mobile/work:..... Home.....

Doctor's name:..... Doctor's contact number:.....

Medical conditions:
.....
.....
.....
.....

I give permission for my son/daughter to go on the excursion to
from ___/___/___ to ___/___/___ and I respect any decision made by the
instructor in charge.

My child has no medical conditions other than that stated above.

Signed Date ___/___/___