



Welsh Target Shooting Federation

Temporary Guardianship (under 18 years of age)

Surname: _____ First name: _____

Date of birth: _____

Home address: _____

Please list, in priority order, your preferred contact telephone numbers:- (Taking time zone differences into account)

(1) _____ (2) _____

(3) _____ Email: _____

Medical Emergencies: If you cannot be contacted, do you consent to all emergency medical or dental treatment including inoculations, general or local anaesthetic, surgery or blood transfusions which, in the opinion of a qualified doctor, are necessary for your child's safety and well-being, under the National Health Service, or local equivalent if outside the U.K., or privately if necessary?

YES NO

Minor Ailments: Do you consent to the administration of medication such as paracetamol, cough mixture, eye drops, etc., normally sold over the counter by a chemist for treatment of minor ailments (always taking into account medical information you have supplied to the guardian)?

YES NO

Transport: Do you consent to your child travelling by any form of public transport and/or in a motor vehicle driven by a responsible adult who is duly licensed and insured to drive a vehicle of that type?

YES NO

Swimming: Do you consent to your child swimming under adult supervision?

YES NO

Please list any specific activities in which you do not consent to your child taking part:

Please list any medical, allergy or dietary information that applies to your child:

I have read and signed the WTFSF Code of Conduct and agree that I will accept any repercussions if this is contravened, which may include repatriation at my cost.

I agree to (Name) _____ being given temporary guardianship from
(Time) _____ on the (Date) _____ to (Time) _____ on the (Date)

Name of parent: _____

Signature of parent: _____ Date:
