

DRIVERS ONLY - Parental/Guardian Consent Form

(2025-26 Academic Year)

Test Day: 7th of May 2026

National Finals: 20th of June 2026

Name of Student/Driver: _____

Name of School/Organisation: _____

Name of Lead Adult/Staff Member: _____

I give consent for my son/daughter/dependent, named above, to:

- drive a kart in competition
- be filmed/televised/photographed
- take part in other mechanical activities

at all officially organised Espire Education Group Ltd - STEM On Track events during the 2025-26 school year.

I understand and accept that although the activities will be properly supervised, risk assessed and professionally managed, because of the nature of the activity a level of risk still exists.

I give the Lead Adult/Staff Member, named above, of the School/Organisation, stated above, authority to act on my behalf to give consent for medical treatment, on the advice of the Paramedic or a Doctor, in the event of an accident or injury. The treatment may include the use of anaesthetics.

I can be contacted on the following telephone number or email address during the day of the events.

Emergency Phone Number _____

Preferred Email Address _____

Signed _____

Printed Name _____ Date _____

This is the only acceptable form and must be returned to Espire Education Group Ltd by the Parent/Guardian or Lead Teacher/Staff Member in advance of the events.

DRIVERS ONLY - Medical Declaration Form

(2025-26 Academic Year)

Test Day: 7th of May 2026

National Finals: 20th of June 2026

(To be completed by parent/guardian of participant)

Name of Student/Driver: _____

DOB of Student/Driver: _____

Name of School/Organisation: _____

Name of Lead Adult/Staff Member: _____

Does your son/daughter/dependent suffer from any medical condition that requires treatment or medication?

YES NO

(details) _____

Has your son/daughter/dependent ever been advised against participating in any sport (including motorsport) by a medical professional? (e.g: your General Practitioner)

YES NO

(details) _____

Does your son/daughter/dependent have any physical impairment which may affect their ability to participate in motorsport/karting?

YES NO

(details) _____



Address

Bartle House, 9 Oxford Court,
Manchester, M2 3WQ.



+44 7814 274241



support@espireeducation.co.uk



www.stemontrack.com

Does your son/daughter/dependent suffer from any allergies?

YES NO

(details) _____

Is your son/daughter/dependent allergic to any medication?

YES NO

(details) _____

Has your son/daughter/dependent received a tetanus injection in the last 10 years?

Please give details of any other inoculations given during the last 5 years.

YES NO

(details) _____

If applicable, what medications will your son/daughter/dependent usually carry for their condition? (For example, a Salbutamol inhaler for asthma)

(details) _____



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Does your son/daughter/dependent suffer from, or ever been treated for any of the following conditions? (Please

- tick) Epilepsy.
- Heart disease or a heart disorder Severe
- Hypertension
- Severe psychiatric / mental disorder
- Diabetes
- Severe fainting spells or blackouts

If you have ticked any of the above, please give detailed information, and enclose a letter from your G.P. authorising you to race.

Family GP information

Name of family Doctor: ___ Phone: _____

Address: _____

County: _____

Post Code: _____

Parent/Guardian Contact Details:

Name: _____ Phone: _____

Address: _____

County: _____

Post Code: _____



ESPIRE EDUCATION GROUP LTD

Espire Education Group Ltd is a Private Limited Company
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Manchester, M2 3WQ.



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support@espireeducation.co.uk



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I agree that the information provided on this form is accurate and correct and agree to notify the Lead Teacher/Staff Member immediately of any changes that affect the integrity of the information provided.

I agree to my son/daughter/dependent receiving emergency medical treatment, including anesthetic, as considered necessary by the medical staff present, and I give the Lead Teacher/Staff Member the authority to act on my behalf to give any additional consent for medical treatment on the advice of the Paramedic or a Doctor in the event of accident or injury.

I understand and agree that my personal data, and that of the persons connected to my son/daughter/dependents participation are being processed solely for the purposes of running the Espire Education Group Ltd - STEM On Track Event and will be handled by the organisers in accordance with standard GDPR policy.

Signed: _____ (parent/guardian)

Date: ____/____/____

Printed Name: _____ (parent/guardian)

Notes:

It is strongly recommended that all competitors should be immunised against tetanus.

It is recommended that asthmatics should wear an identity tag (i.e., bracelet or necklace) declaring that they are asthmatic and that they should inform the event's Chief Medical Officer of their condition before competing.

It is strongly recommended that an annual eyesight test is taken.

Spectacles should be fitted with shatterproof lenses. Contact lenses if worn should be of the "soft" variety.

The mouth should be kept clear of anything likely to cause a blockage of the airway in the event of an incident. It is advisable to remove false dentures and to refrain from chewing gum.

Competitors are advised to refrain from wearing jewelry which, in the event of an incident, could prove hazardous.