

## PARENT/CARERS CONSENT FORM FOR YOUNG PEOPLE TRAVELLING TO EVENTS AND TRAINING CAMPS

Dear Parent/Carer,

This form has been designed to collect information on young people travelling to events and training camps, and is important as it will provide the club/league/county/region with vital contact details and medical information in case of accident/illness.

The information contained will be used only for administrative purposes and will remain confidential and available to those persons responsible for transport and accommodation arrangements. Please complete questions in BLOCK CAPITALS and ensure all writing is legible.

### EVENT DETAILS:

Name of Event:			
Date/s of Event:			
Event Address/Venue:			
Time and Place of Departure:			
Estimated Time of Return:			
Details of person responsible for team/players:			
Name:	Contact Number:	Mobile:	Home:

### PERSONAL DETAILS OF PARTICIPANT:

Last Name:									
First Name:					Preferred Name:				
Address:									
Postcode:									
Telephone Numbers: Home:				Mobile:					
Age:		Date of Birth:		Gender:	Male:		Female:		

### EMERGENCY CONTACT DETAILS:

First Name:				Last Name:				
Telephone Numbers: Home:			Work:			Mobile:		
Relationship to Participant:								

### MEDICAL INFORMATION:

Does your child have any specific medical conditions requiring medical treatment and/or medication?
Are there any other medical details you feel we should know about:
Does your child suffer from any allergies?
Please provide details of the type of pain/flu medication that may be given to your child:
Doctor's Name:
Doctor's Telephone Number:

Does your child have any special dietary needs?

Yes  No

Please specify:

**RELIGIOUS NEEDS:**

Do you have any specific religious requirements e.g. Prayer Room?

Yes  No

If yes please specify:

I confirm that I have received the details of the above activity and consent to my child taking part. I acknowledge that the club/league/county/region will be liable in the event of any accident *only if they have failed to take reasonable steps in their duty of care for my child during the event*. I understand that the staff have a common law duty to act in the capacity of a reasonably prudent parent.

I, \_\_\_\_\_ being parent/guardian/carer of the above named child hereby give permission for the coach/team manager/event organiser to give the immediately necessary authority on my behalf for any medical or surgical treatment recommended by competent medical authorities, where it would be contrary to my child's interest, in the doctor's medical opinion, for any delay to be incurred by seeking my personal consent.

I have read the Code of Conduct and agree that my child should abide by this whilst in the care of the club and I understand that a serious or continued breach of this Code may result in my child being sent home early at my expense.

I am aware that photographs will be taken during the Event for promotional purposes and do/do not (delete as applicable) give consent for my child to feature in such photos.

Parent/Guardian/Carer Name:  
(please print)  
(must be person with legal parental responsibility)

Signature of Parent/Guardian/Carer:

Once completed please return this form to:

Yours sincerely,