

Parental Consent Form for Away Events

Dear Parent

The information on this form will only be used by the person responsible for taking players to Away Events.

It will provide important information in the event of accident, illness or other emergency.

In confidence, and to assist in dealing with an incident, parents are asked to supply the following information:

MEDICAL CONDITIONS (that the Coach needs to know)

Child 's Name

Date of Birth

Address

Any medical condition / allergies: YES / NO
(if YES, please briefly state)
(such as reaction to penicillin)

Please list any medical details that you feel we should know about, such as asthma, heart complaints, diabetes, epilepsy, injury etc.

Is the child on any medication to treat the above condition?: YES / NO

If so, please include details.

Does the administration of these medications need to be monitored?: YES / NO

If taking medication, can it be self-administered?: YES / NO

If NO, do you give consent for the coach/chaperone to administer? : YES / NO

EMERGENCY CONTACT DETAILS

Family Member (1) Contact Information:		
Name		
Phone No (home)		
Phone No (mobile)		
Phone No (work)		
Email Address		
Relationship to child		
Family Member (2) Contact Information:		
Name		
Phone No (home)		
Phone No (mobile)		
Phone No (work)		
Email Address		
Relationship to child		

EMERGENCY CONTACT DETAILS

Doctors Contact Information:

Doctors Name and Address:	Doctors Telephone Number:

CONSENT FOR USING PHOTOGRAPHS

I give consent to my son/daughters performance being publicised as necessary and that such material can be contained on the Internet.

I am also aware that photographs may be taken during the event for promotional purposes, such as use on the Wales Squash & Racketball website.

I do / do not (*please delete as appropriate*) give consent for my son/daughter to feature in such photographs.

Parent/Guardian Name:- _____ (Please print)

Signature of Parent / Guardian _____

Date _____

GENERAL CONSENT (please read carefully)

1. My son/daughter is in good health and I consider him/her capable of taking part in the event.
2. I have completed the medical details and consent that in the event of any illness/accident, any necessary treatment can be administered to my son/daughter, which may include the use of anaesthetics.
3. I also understand that while coaches and team personnel will take every precaution to ensure that accidents do not happen, they cannot necessarily be held responsible for any loss, damage or injury suffered.
4. I give permission for my son/daughter to be carried in other persons vehicles and to be driven alone if the situation becomes unavoidable.

Parent/Guardian Name:- _____ **Please print)**

Signature of Parent / Guardian _____

Date _____

*** Please note – If any of these details or medical conditions change during the period of consent, please notify us with immediately.**

Once completed, please return the form to :

Safeguarding and Protecting Children Officer
Wales Squash & Racketball
Sport Wales National Centre
Sophia Gardens
Cardiff
CF11 9SW

