

**Parental Consent Form**

**Details on this form will be held securely and will only be shared with coaches or others who need this information in order to meet the specific needs of your child.**

**DETAILS OF CHILD:**

|  |  |
| --- | --- |
| **Full Name:** |  |
| **Address:** |  |
| **D.O.B:** |  |
| **Gender:** |  |
| **Name of Parent/Carer:** |  |
| **Tel no.**  **Home :**  **Mobile:** |  |
| **Email Address:** |  |

**EMERGENCY CONTACT DETAILS:**

|  |  |
| --- | --- |
| **Name of Parent/Carer:** |  |
| **Tel no.**  **Home :**  **Mobile:** |  |
| **Address of Parent/Carer:** |  |
| **Are there any activities your child cannot participate in?**  **Please give full details.** |  |

**MEDICAL INFORMATION:**

|  |  |
| --- | --- |
| **Any specific medical conditions?** | **If yes please give details:** |
| **Any medication required?** | **If yes please give details:** |
| **Any Dietary requirements?** | **If yes please give details:** |
| **Any Allergies?** | **If yes please give details:** |
| **Any Disabilities or Special Needs?** | **If yes please give details:** |

**CONSENT INFORMATION:**

|  |  |
| --- | --- |
| **Please Tick :** | **I give my consent that if an emergency medical situation arises, the club may act as loco parentis. If the need arises for administration of first aid and /or other medical treatment which in the opinion of a qualified medical practitioner may be necessary.** |
|  | **I have received comprehensive details of this event and consent to my child taking part in the activities indicated.** |
|  | **I can confirm that I have read, or been made aware of the clubs policies on:**   * **Code of Conduct for coaches, parents, children and young people** * **Videoing and Photography** * **Safeguarding policy** |
| **Signature of child/young person:** |  |
| **Signature of Parent/Carer:** |  |
| **Date:** |  |