



Parent/Guardian Consent Form

Anything written on this form will be held in confidence. Our coaches need to know these details in order to meet the specific needs of your child.

I give permission for my child to attend for training and playing sessions.

CHILD'S FULL NAME:

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ADDRESS:

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HOME TEL: AGE:

DATE OF BIRTH: MALE/FEMALE (Please circle)

EMERGENCY TEL (1): (2):

IF UNAVAILABLE CONTACT:

TEL: RELATIONSHIP TO CHILD:

NAME AND TEL OF G.P.:

CHILDS MEDICAL NUMBER.....

DETAILS OF ANY KNOWN ALLERGIES, CONDITIONS, MEDICATION BEING TAKEN:

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ANY OTHER SPECIAL NEEDS, REQUIREMENTS OR DIRECTIONS THAT WOULD BE HELPFUL FOR THE COACHES TO KNOW ABOUT:

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I will inform the coaches of any important changes to my child's health, medication or needs and also of any changes to our address or phone numbers given.

In the event of illness, having parental responsibility for the above named child, I give permission for medical treatment to be administered where considered necessary by a nominated first aider, or by suitably qualified medical practitioners. If I cannot be contacted and my child should require emergency hospital treatment, I authorise a qualified medical practitioner to provide emergency treatment or medication.

I have been made aware that the club/organisation have developed a child protection policy & they are commitment to ensuring the safety of my child by having these details.

Signature Parent/Guardian

Print Name

Date

Please return this form to the relevant Coach or Manager of your age group