



Affiliated Club - Parent/Carer consent form

Throughout _____ (*insert calendar year), I give consent for my child to participate in all activities held in conjunction with affiliated clubs; to include training sessions based at the club, club organised activities, residential visits and other relevant activities, such as camps, trips and competitions.

Club: _____

Your child's name _____ Date of Birth: _____

Medical and dietary

a) Does your child have any medical condition that may affect him/her? YES/NO

If YES, please give brief details: _____

b) Please give details of any allergies (including allergy to medication):

c) Please list any type types of non-prescription medication or lotions your child may **not** be given:

d) Please give details of any special dietary requirements of your child:

e) Please detail any recent illness or accident suffered by your child that staff should be aware of?

f) Does your child require any other support or care during the day / night? YES/NO If YES, please specify:

g) When did your son/daughter last have a tetanus injection? _____

Your contact details

Telephone Home: _____ Work: _____ Mobile: _____

Home address _____

Alternative emergency contact

Name: _____ Telephone: _____

Address: _____

Family doctor

Name: _____ Telephone: _____

Address: _____

Declaration

- I agree to my child taking part in activities / competitions / camps / residential visits as mentioned above.
- I understand that all reasonable care will be taken of my child during the visit/activity and that he/she will observe all rules and regulations governing the visit/activity.
- I understand that if my child seriously misbehaves or is a cause of danger to him/herself or to others, then I may be asked to collect him/her or he/she may be brought home early from the visit/activity. In such a situation there will be no obligation on the club to refund any money.
- In an emergency I agree to my son/daughter receiving medication and any emergency dental, medical or surgical treatment, including anaesthetic or blood transfusion, as considered necessary by the medical authorities present.

- I understand that activity images (photos and film) may be used for promotional purposes.

FULL NAME OF PARENT OR CARER (print please): _____

SIGNED: _____ **DATE:** _____

To be completed by the young person

I understand that, for the safety of the group and myself, I will obey the rules and instructions of members of staff.

SIGNED: _____ **DATE:** _____