

## Standard Parental/Guardians 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.

<b>Child's Full Name:</b>	
<b>Address</b>	
<b>Home Tel No.</b>	
<b>Age</b>	
<b>Date of Birth</b>	
<b>Gender:</b>	<input type="checkbox"/> Male <input type="checkbox"/> Female
<b>Name of friend / relative attending</b>	
<b>Emergency Tel No</b>	1. 2.
<b>If unavailable contact</b>	<b>Name</b> <b>Tel</b> <b>Relationship to child</b>
<b>GP/ Doctor's Name</b>	
<b>GP / Doctor's Tel No</b>	
<b>Details of any known special dietary requirement / allergies / medical conditions</b>	
<b>Any other special needs, requirements, directions, that would be helpful for the coaches to know about</b>	

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 ***NAME OF SPORT/CLUB*** have developed a Safeguarding policy & they are commitment to ensuring the safety of my child by having:

- A coaches code of conduct
- Clear recruitment policy which includes vetting all coaches & volunteers
- A transport policy
- A photography policy
- An anti-bulling policy
- Disciplinary procedures
- A designated person for child protection
- Guidelines on confidentiality

The ***NAME OF SPORT/CLUB*** is committed to ensuring that any information gathered in relation to our youth teams meets the specific responsibilities as set out in the Data Protection Act 1998.

The ***NAME OF SPORT/CLUB*** coach/development officer will store the above information on their youth teams data base for a maximum of 12 months before re-registering the player if still associated with the club.

I confirm that all details are correct to the best of my knowledge and I am able to give parental consent for my child to participate in & travel to all activities.

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**Signature of Child**

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**Signature of Parent / Guardian**

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**Print Name**

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**Date**

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