

CONSENT FORM FOR PARENTS/CARERS

This form is to be completed by:

The Parents/carers of a child or young person who is going on a domestic or international tour or an away fixture

Completed forms should be handed to:

The Tour Organiser (and a copy to stay with the Club/Association Chair/Secretary: _____)

Name of Child:	Date of Birth:
Name of Club/Association:	
Tour:	
Date/s of Tour:	

I have received comprehensive details of the above tour.

I consent to my child's participation in the activities indicated. I acknowledge that the Club/Association will only be liable in the event of any accident, if they have failed to take reasonable steps in their duty of care for my child during the tour.

I consent to my child receiving medical treatment which, in the opinion of a qualified medical practitioner may be necessary.

And his/her Doctor's name is:
And his/her Doctor's Address is:
And his/her Doctor's Telephone number is:

I agree to pay the required sums by the date/s that are specified to me. I accept that, there can be no refund by the Tour Organiser of the whole or part of the payment/s made in respect of any withdrawal from the tour.

Signed: _____ Date: _____

PLEASE COMPLETE THE SECTIONS BELOW

1. If you may not be contactable during the tour, please give details of a relative or friend acting for you so that they can be contacted.

<u>Name:</u>	<u>Alternative contact if Required:</u>
<u>Home Address:</u>	<u>Address:</u>
<u>Postcode:</u>	<u>Postcode:</u>
<u>Home Telephone:</u>	<u>Home Telephone:</u>
<u>Work Telephone:</u>	<u>Work Telephone:</u>
<u>Mobile Telephone:</u>	<u>Mobile Telephone:</u>
<u>Email:</u>	<u>Email:</u>

2. Please specify whether your child suffers from any illnesses or medical condition.

3. Please indicate if your child is receiving medication, with details and dosage.

4. Please use this space to state, in confidence, any health or other matter concerning your child of which accompanying Club/Association members should be aware.

5. Please specify any dietary requirements.

FOR CLUB/ASSOCIATION USE ONLY

Date Form received:

Signed:

Club/Association Chair/Secretary:
