



PARENTAL CONSENT FORM AT AWAY EVENTS

Document Control

Document created	Author
June 2020	Dave Evans

Version	Date	Description of Change	Changed by
V2	June 2020	Personnel Changes	DE

Action Required

Version	Date	Description of Change	Requested by

Board Agreement

Version	Date Agreed	Comments

Next review date

Version	Next Review Date
V2	June 2021

Parental Consent Form for Away Events 2020/2021 Season

Dear Parent

The information on this form will only be used by the person responsible for taking players to away events.

It will provide important information in the event of accident, illness or another emergency.

In confidence, and to assist this, parents are asked to supply the following information:

Child 's Name	
Date of Birth	
Address	

MEDICAL CONDITIONS (that the Responsible Adult needs to be aware of)

Any medical condition / allergies: YES / NO
(if YES, please state briefly e.g. reaction to penicillin)

Please list any medical details that you feel we should know about, such as asthma, heart complaints, diabetes, epilepsy, injury etc.

Is the child on any medication to treat the above condition? YES / NO

If YES, please give details.

Does the administration of these medications need to be monitored? YES / NO

If taking medication, can it be self-administered? YES / NO

If NO, do you give consent for the Responsible Adult to administer? YES / NO

EMERGENCY CONTACT DETAILS

(1) Contact Information:

Name
Phone No (home)
Phone No (mobile)
Phone No (work)
Email Address
Relationship to child

--

(2) Contact Information:

Name
Phone No (home)
Phone No (mobile)
Phone No (work)
Email Address
Relationship to child

--

DOCTORS CONTACT INFORMATION

Doctors Name and Address:	Doctors Telephone Number:

CONSENT FOR USING PHOTOGRAPHS

I give consent to my son/daughter's performance being publicised as necessary and that such material can be made available on the Internet.

I am also aware that photographs may be taken during the event for promotional purposes, such as use on the Squash Wales website and/or social media sites.

I do / do not (*please delete as appropriate*) give consent for my son/daughter to feature in such photographs.

Parent/Guardian Name: - _____ (Please print)

Signature of Parent / Guardian _____

Date _____

GENERAL CONSENT (please read carefully)

1. My son/daughter is in good health and I consider him/her capable of taking part in the event(s) they have accepted their selection for.
2. I have completed the medical details and agree, that in the event of any illness/accident, any necessary treatment can be administered to my son/daughter, which may include the use of anaesthetics.
3. I also understand that while coaches and team personnel will take every precaution to ensure that accidents do not happen, they cannot necessarily be held responsible for any loss, damage or injury suffered.
4. I give permission for my son/daughter to be carried in other persons vehicles and to be driven alone if the situation becomes unavoidable.

Parent/Guardian Name: - _____ (Please print)

Signature of Parent / Guardian _____

Date _____

*** Please note – If any of these details or medical conditions change during the period of consent, please notify us immediately.**

Return the completed form to: danielle.brown@squash.wales or Squash Wales, Sport Wales National Centre, Sophia Gardens, Cardiff, CF11 9SW