**APPENDIX 16**

**<Enter your club name here>**

**Parental Consent Form**

**Name:**

**Date of Birth:**

**Address:**

**Post Code:**

**Telephone Number:**

**Contact Address (if different to above):**

**Post Code:**

**Telephone Number (if different to above):**

I undertake to pay the required sums by the dates specified in the information and accept that in respect of any withdrawal from the trip, for whatever reason, there can be no refund of the whole or part of the payments unless the circumstances are covered by insurance**.**

**Medical information**

Are there any specific medical conditions requiring medical treatment and/or medication?

Yes No (circle as applicable) If Yes, give details:

Any allergies?

Yes No (circle as applicable) If Yes, give details:

Any contact with contagious or infectious diseases within the last four weeks?

Yes No (circle as applicable) If Yes, give details:

Please provide any special dietary requirements and the type of pain/flu medication that may be given:

**Signed \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Athlete) Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

***Parental* *Consent* *(to* *be* *signed* *for* *competitors* *under* *18* *years)***

I confirm that I have received the details of the above activity and consent to my child taking part in the visits and activities indicated. I acknowledge that the club shall be liable in the event of any accident *only* *if* *they* *have* *failed* *to* *take* *reasonable* *steps* *in* *their* *duty* *of* *care* *for* *my* *child* *during* *the* *trip.* I understand that the staff have a common law duty to act in the capacity of a reasonably prudent parent. I have read the Code of Conduct and agree that my child should abide by this whilst in the care of the club and I understand that a serious or continued breach of this code may result in my child being sent home early at my expense.

I acknowledge that in an emergency, my child may need to be transported in a private vehicle.

The use of a private vehicle to transport my child, under non-urgent circumstance, will be subject to my written consent. To obtain this consent, I will be provided with details of who (will transport) where (destination / timings and return) when (date and time) and why (is it necessary for single transportation). **(Delete in the event of children or players travelling by air, rail, coach or any other form of public transport).**

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, being parent/carer of the above named child hereby give permission for the Team Manager to give the immediately necessary authority on my behalf for any medical or surgical treatment recommended by competent medical authorities, where it would be contrary to my son/daughter's interest, in the doctor's medical opinion, for any delay to be incurred by seeking my personal consent.

**Signature consent by parent/carer) …………………………….**

**Date …………………………**