

NEWARK RUGBY CLUB
PARENT/CARER CONSENT FORM FOR A RUGBY TOUR

Young person details

Name of young person _____

Date of Birth _____.

Tour Dates: Start _____ Finish _____.

Emergency contact (s)

	<u>Emergency Contact</u>	<u>Alternative Emergency Contact</u>
<u>Name</u>		
<u>Relationship to young person</u>		
<u>Home Address</u>		
<u>Tel Home</u>		
<u>Tel Work</u>		
<u>Tel Mobile</u>		

Name of person (s) taking responsibility for the young person whilst on tour
(All persons below have undergone a DBS/CRB check)

Name(s)

Activity Information (Please tick all – If you have problems with this please speak with the Tour organiser)

- ☐ I agree to my son/daughter attending the proposed rugby tour and his/her participation in any of the activities
- ☐ I have assured that he/she understands the importance of his/her safety and the safety of the group of complying with the rules and instructions given by the staff in charge
- ☐ I accept that I may be required to bear the cost of any loss or damage that he/she causes which is not covered by insurance.
- ☐ I agree that during the activities photographs can be taken of which my child may be included and I agree that these photographs may be used by the club following CP Guidelines.
- ☐ I can confirm that my child is able to swim and participate in water based activities. My child can swim _____ metres
- ☐ I have received comprehensive details of the above tour and am aware of the RFU Policies and guidelines in relation to tours
- ☐ I consent to my child taking part in the activities indicated
- ☐ I agree to be at the pick-up/drop off point at the agreed time

Signed – (parent/carers) _____.

Date _____.

Print Name Please _____

MEDICAL INFORMATION

Name of young person:-

(Please complete)

1. Does your child experience any conditions requiring medical treatment and/or medication?

Yes ☐ No ☐

If yes please give details (to include details of dose, frequency and route of administration);

2. Does your child have any allergies?

Yes ☐ No ☐

If yes please give details;

3. Does your child have any specific dietary requirements?

Yes ☐ No ☐

If yes please give details;

4. Please provide any further information you feel is necessary

DECLARATION

Name of young person:-

(Please complete)

1. I confirm to the best of my knowledge that my son/daughter does not suffer from any medical condition other than those detailed.
2. I authorise a member of the Tour Management who holds a first aid qualification, to administer emergency first aid treatment where this is absolutely necessary in the event of a serious emergency if it would not be possible for such treatment to be administered by a qualified medical practitioner.
3. In the event of illness or an accident requiring medical treatment, I agree to my son/daughter receiving treatment including anaesthetic as considered necessary by the medical authorities.
4. I agree to this treatment being authorised by a member of the Tour Management, who may sign any written form of consent required by hospital authorities should a surgical operation or serum injection be deemed necessary and providing that the delay required to obtain my signature might be considered by a doctor likely to endanger my son/daughters health or safety.
5. I do not agree to my son/daughter receiving the following medical treatment.

6. I understand that the Tour Management and voluntary helpers will take all reasonable care of my son/daughter but cannot necessarily be held responsible for any loss, damage or personal injury suffered by him/her
7. I also agree to bear the cost of any loss or damage caused by my son/daughter which is not covered by insurance

Signed – parent/carer _____

Print Name Please _____

Date _____