



# PARENTAL CONSENT FORM

## MEDICAL & PHOTOGRAPHY

Manchester Rugby Club  
Grove Park  
Grove Lane  
Cheadle Hulme  
Cheshire  
SK8 7NB

Tel: 0161 485 3733

[www.manchesterrugby.co.uk](http://www.manchesterrugby.co.uk)

<b>PLAYER'S NAME:</b>	<b>AGE GROUP:</b>
<b>MEDICAL CONSENT DECLARATION</b>	
Specify any current medical treatment / medication	
Specify any dietary requirements	
Specify type of pain relief medication your child may be given (or 'any')	
Is your child allergic to any medication?	
When did your child last receive a tetanus injection?	
Home Address	
Emergency Contact Numbers (Home, Mobile, Work, etc)	
Name & Telephone Number of alternative emergency contact:	
Name & Address of family doctor:	
<b>Declaration:</b> I agree to my child being given medication as instructed and any emergency dental, medical or surgical treatment as considered necessary by the medical authorities present. I understand the extent and limitations of the insurance cover provided. I will inform the age group coach as soon as possible of any changes in my child's medical or other circumstances.	
<b>Signed:</b>	<b>Date:</b>
<b>Print Name:</b>	<i>Parent / Guardian</i>
<b>PERMISSION FOR THE USE OF PHOTOGRAPHS AND RECORDED IMAGES</b>	
I consent to the photographing, videoing and publication of images of the above player under the RFU's Child Protection and Best Practice guidelines. I confirm that I am legally entitled to give this consent. I also confirm that this young person is not under a court order.	
<b>Signed:</b>	<b>Date:</b>
<b>Print Name:</b>	<i>Parent / Guardian</i>
I consent to the photographing, videoing and publication of images of my involvement in rugby union under the RFU's Child Protection and Best Practice guidelines.	
<b>Signed (player):</b>	<b>Date:</b>