



PRUFC



RFU

Updated November 2016

PARENTAL/CARER CONSENT FORM FOR YOUTH RUGBY TOUR

Copy to be taken by tour/team manager and copy to be retained by Home Contact.

Name of Player/Young Person:	
Date of birth:	
Tour dates:	
Emergency Contact name:	
Relationship to young person:	
Address	
Telephone number - home :	
Telephone number – work :	
Telephone number – mobile :	

- 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
- I consent to photos/video being taken which may include my child during the tour in accordance with the club's photographic policy.

Signed – **parent/carers** :.....

Print name :.....

Date :.....

- I have read and accept the Young Persons code of Conduct and agree to abide by it at all times whilst on tour.

Signed – **player**Print name.....

Date :.....

MEDICAL FORM FOR RUGBY TOUR

Medical information

1. Does your child experience any conditions requiring medical treatment and/or medication? **Yes** **No**

If yes please give details;

2. Does you child have any allergies? **Yes** **No**

If yes please give details;

3. Does you child have any specific dietary requirements? **Yes** **No**

If yes please give details;

4. Please provide any further information you feel is necessary:

- I confirm to the best of my knowledge that my son/daughter does not suffer from any medical condition other than those detailed.
- I consent to my child being given a mild pain killer such as paracetamol if in the opinion of the first aider this becomes necessary
- I consent to my child receiving medical treatment which in the opinion of a qualified medical practitioner may be necessary.

Signed – **parent/carer** :.....

Print name :.....

Date :.....