



## INFORMATION SHEET FOR PARENTS/CARERS

The club has organised a trip as detailed below. If you wish your child to take part in this please complete the attached parental consent and medical information form and return it to Chorley Wanderers JFC (via the trip organiser).

<b>Proposed visit to:</b>	
<b>To take part in the following activities:</b>	
<b>The aims &amp; objectives:</b>	
<b>Alternative activities/venue :</b>	
<b>Date(s) of visit:</b>	
<b>Mode of Transport:</b>	
<b>Time &amp; Place of Departure:</b>	
<b>Approx Time &amp; Place of Return:</b>	
<b>Residential address: (If applicable)</b>	Tel No:.....
<b>Out of Hours supervision arrangements:</b>	
<b>Base Contact Name: (for emergencies only)</b>	

A kit list and other information is enclosed (as appropriate). A parent/carer's briefing meeting has been arranged at ..... (signing on night) (*venue*) on..... (*date*) at .....(*time*)

For the visit or journey to be a valid and safe experience, sensible active involvement is required from all participating. To ensure that the maximum value is gained the club has particular requirements regarding conduct and behaviour. Your acknowledgement of this is essential (see Part 1 of the attached consent page). If you require any further details, please do not hesitate to contact the club / trip leader.

Your child will be encouraged to contact you at suitable times if appropriate.

**NOTE:**  
**Chorley Wanderers Junior Football Club insurance does not cover personal accident outside of football (i.e. matches and training) or loss/ damage to personal items. The club recommends that you consider taking out personal accident insurance for your child.**

# IMPORTANT PARENTAL/CARER CONSENT AND MEDICAL INFORMATION

This consent form **MUST** be completed and returned to the club before your child may participate in the visit/activity.



## 1. DETAILS OF VISIT

Visit to: Alternative Activity:.....

From: (date/ time)

To: (date/time)

Full name: ..... Date of Birth: ..... Team.....

I agree to my son/daughter/ward taking part in the above stated visit/activity and having read the information sheet, agree to his/her participation in any of all of the activities described. I acknowledge the need for good conduct and responsible behaviour on his/her part and that CWJFC reserves the right to prevent my son/daughter/ward continuing with the visit/activity in the case of poor behaviour. Further, I understand that there would be no entitlement to a refund of monies paid.

He/she is capable of swimming 25 metres unaided Yes/No (Delete as appropriate)

## 2. EMERGENCY DETAILS

a) I may be contacted by telephoning the following telephone number(s):

Home: (.....) ..... Work: (.....) .....

Mobile Telephone no: .....

Name & Address: .....

b) Please state an alternative contact point: - Telephone number: (.....) .....

Name & Address of Contact: .....

Child health service details: - Medical card number: .....

Family doctor (Name, address and telephone number): .....

(.....)

## 3. MEDICAL INFORMATION

**Does your child suffer from any of the following conditions?**

(Please cross out the 'yes' or 'no' which does not apply)

Asthma	yes/no	Bronchitis	yes/no
Chest Problems	yes/no	Diabetes	yes/no
Fainting	yes/no	Migraine	yes/no
Heart Trouble	yes/no	Raised Blood Pressure	yes/no
Tuberculosis	yes/no		

If YES to any of the above, please provide details: .....

Epilepsy yes/no If yes,

a) What specific epilepsy syndrome has been diagnosed for your child? .....

b) What is the pattern of any seizure? .....

**Does your child suffer from any other condition requiring medical treatment, including medication?**

Yes/No

If YES, please provide details:

.....

**Is your child allergic or sensitive to any medication (e.g. Penicillin), insect bites or food?** Yes/No

If YES, please provide details:  
.....

**Has your child been immunised against the following diseases?**  
Poliomyelitis Yes/No Tetanus (lock jaw) Yes/No

If YES to tetanus, please give date if known .....

**Is your child taking any form of medication on a regular basis?** Yes/No  
If YES, please give full details, indicating the type of medication and dosage.

.....

Please ensure that your child has adequate supplies of medication and dosage for the whole visit.

**To the best of your knowledge, has your child been in contact with any contagious or infectious diseases, or suffered any recent condition that may become infectious or contagious?** Yes/No  
If YES, please give full details:

.....  
.....

In the case of a residential, does your child have any:

- Special Dietary needs? .....
- Any childcare needs? .....

**4. INSURANCE COVER**

I understand that the visit is insured in respect of legal liabilities (third party liability) but that my child has no personal accident cover unless I have been specifically advised of this in writing by the organiser of the visit. I also understand that any extension of insurance cover is my responsibility unless advised differently by CWJFC.

**5. DECLARATION BY PARENT/CARER**

- ◆ In the case of an emergency I agree to my child being given any medical, surgical or dental treatment, including general anaesthetic and blood transfusion, as considered necessary by the medical authorities present.
- ◆ I have read the attached information provided about the proposed visit and the insurance arrangements.
- ◆ I consent to my child ..... taking part in the visit, and, having read the information sheet, declare my child to be in good health and physically able to participate in any activities mentioned.
- ◆ I have noted where and when my child is to be returned and I understand that I am responsible for my child getting home safely from that place.
- ◆ I am aware of the levels of insurance cover.
- ◆ I will ensure that any change in the circumstances (e.g. recent medication or injury) which will affect my child's participation in the visit will be notified to the club prior to the visit.

**I ACCEPT THAT THERE IS AN INHERENT RISK OF INJURY IN PARTICIPATION OF ADVENTUROUS OUTDOOR ACTIVITIES. RISK CAN BE REDUCED TO ACCEPTABLE LEVELS BY IMPLEMENTING APPROPRIATE RISK ASSESSMENTS. COPIES OF WRITTEN RISK ASSESSMENTS ARE AVAILABLE ON REQUEST FROM CWJFC**

**Signature of Parent/Carer** ..... **Date**.....

Name of parent/carers in block letters: .....

Address:

.....  
.....

