

Nailsea & Backwell RFC Parental/Guardian Consent & Medical Information Form

Child's Name _____ Date of Birth _____ M F
Sex

Parent's/Guardian's Name _____ Parent's/Guardian's Name _____

() _____ () _____ () _____ () _____
Home Phone Work/Mobile Phone Home Phone Work/Mobile Phone

Address _____ Address _____

Town, County Postcode _____ Town, County postcode _____

Tour Management Team & Tour Dates:

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

Team Manager: _____ Deputy Tour Manager: _____

Head Coach: _____ First Aider: _____

Safeguarding Officer: _____ Coaching Staff: _____

Coaching Staff: _____ Coaching Staff: _____

Alternative Emergency Contacts (If parents cannot be contacted)

Name _____ Relationship to Child _____

() _____ () _____ () _____ () _____
Home Phone Work Phone Home Phone Work Phone

Doctor

Doctor's Name _____ Phone Number _____

Medical Information

Does your child experience any conditions requiring medical treatment and/or medication YES / NO

Does your child have any allergies YES / NO

Does your child have any specific dietary requirements? YES / NO

If you have answered YES to any of the above please provide full details below together with any further information you feel may be necessary

Agreement

I agree to my child attending the proposed rugby tour and participating in any of the activities.

I give my assurance that they understand the importance of their own safety and the safety of the group and they will comply with the rules and instructions given by the Tour Management Team.

I understand and agree that if my child does not comply with rules and instructions given by the Tour Management Team I will be contacted by the Tour Management Team.

I accept that I may be required to bear the cost of any loss or damage that they cause 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 to these photographs being used by the club.

I consent to my child taking part in the activities indicated in the itinerary.

I can confirm that my child is able to swim and participate in water based activities. My child can swim _____ meters.

I have received details of the above tour and am aware of the RFU Policies and guidelines in relation to tours.

I agree to be at the pick-up/drop-off point at the agreed time.

I understand that the Tour Management Team and voluntary helpers will take all reasonable care of my child but cannot necessarily be held responsible for any loss, damage or personal injury suffered by my child.

If there is any part of the itinerary that you do not give consent for your child to participate in, or if there is specific information you believe the Tour Management Team should be aware of, please give details below. (eg fear of heights, water, etc)

I give permission for my child to go on tour. I release Nailsea & Backwell RFC and individuals from liability in case of accident during activities relating to the Nailsea & Backwell RFC tour, as long as normal safety procedures have been taken.

I confirm to the best of my knowledge that my child does not suffer from any medical condition other than those detailed.

I authorise a member of the Tour Management team who holds a first aid qualification, to administer emergency treatment where this is absolutely necessary and where it is not possible for such treatment to be administered by a qualified medical practitioner.

I authorise all medical and surgical treatment, X-ray, laboratory, anaesthesia, and other medical and/or hospital procedures as may be performed or prescribed by the attending doctor and/or paramedics for my child.

I agree to this treatment being authorised by a member of the Tour Management, who may sign any written form of consent, and waive my right to informed consent of treatment. This waiver applies only in the event that, neither parent/guardian can be reached in the case of an emergency, or the delay in obtaining consent would endanger the child's health or safety.

Parents/Guardian's Signature

Date

Child's Signature

Date

Tour Management Team's Signature (NAME)

Date