



# **SQUASH WALES**

## **PARENTAL CONSENT FORM AT AWAY EVENTS**

**Document Control**

<b>Document created</b>	<b>Author</b>
June 2020	Dave Evans

<b>Version</b>	<b>Date</b>	<b>Description of Change</b>	<b>Changed by</b>
V2	June 2020	Personnel Changes	DE

**Action Required**

<b>Version</b>	<b>Date</b>	<b>Description of Change</b>	<b>Requested by</b>

**Board Agreement**

<b>Version</b>	<b>Date Agreed</b>	<b>Comments</b>

**Next review date**

<b>Version</b>	<b>Next Review Date</b>
V2	June 2021



## Parental Consent Form for Away Events 2020/2021 Season

Dear Parent

The information on this form will only be used by the person responsible for taking players to away events.

It will provide important information in the event of accident, illness or another emergency.

In confidence, and to assist this, parents are asked to supply the following information:

<b>Child 's Name</b>	
<b>Date of Birth</b>	
<b>Address</b>	

### MEDICAL CONDITIONS (that the Responsible Adult needs to be aware of)

**Any medical condition / allergies: YES / NO**  
(if YES, please state briefly e.g. reaction to penicillin)

**Please list any medical details that you feel we should know about, such as asthma, heart complaints, diabetes, epilepsy, injury etc.**

**Is the child on any medication to treat the above condition? YES / NO**

**If YES, please give details.**

**Does the administration of these medications need to be monitored? YES / NO**

**If taking medication, can it be self-administered? YES / NO**

**If NO, do you give consent for the Responsible Adult to administer? YES / NO**

**EMERGENCY CONTACT DETAILS**

**(1) Contact Information:**

<b>Name</b>
<b>Phone No (home)</b>
<b>Phone No (mobile)</b>
<b>Phone No (work)</b>
<b>Email Address</b>
<b>Relationship to child</b>

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**(2) Contact Information:**

<b>Name</b>
<b>Phone No (home)</b>
<b>Phone No (mobile)</b>
<b>Phone No (work)</b>
<b>Email Address</b>
<b>Relationship to child</b>

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**DOCTORS CONTACT INFORMATION**

<b>Doctors Name and Address:</b>	<b>Doctors Telephone Number:</b>

## CONSENT FOR USING PHOTOGRAPHS

I give consent to my son/daughter's performance being publicised as necessary and that such material can be made available on the Internet.

I am also aware that photographs may be taken during the event for promotional purposes, such as use on the Squash Wales website and/or social media sites.

I do / do not (*please delete as appropriate*) give consent for my son/daughter to feature in such photographs.

Parent/Guardian Name: - \_\_\_\_\_ (Please print)

Signature of Parent / Guardian \_\_\_\_\_

Date \_\_\_\_\_

## GENERAL CONSENT (please read carefully)

1. My son/daughter is in good health and I consider him/her capable of taking part in the event(s) they have accepted their selection for.
2. I have completed the medical details and agree, that in the event of any illness/accident, any necessary treatment can be administered to my son/daughter, which may include the use of anaesthetics.
3. I also understand that while coaches and team personnel will take every precaution to ensure that accidents do not happen, they cannot necessarily be held responsible for any loss, damage or injury suffered.
4. I give permission for my son/daughter to be carried in other persons vehicles and to be driven alone if the situation becomes unavoidable.

Parent/Guardian Name: - \_\_\_\_\_ (Please print)

Signature of Parent / Guardian \_\_\_\_\_

Date \_\_\_\_\_

**\* Please note – If any of these details or medical conditions change during the period of consent, please notify us immediately.**

Return the completed form to: [info@squashwales.com](mailto:info@squashwales.com) or Squash Wales, Sport Wales National Centre, Sophia Gardens, Cardiff, CF11 9SW