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## Standard Consent Form

Anything written on these forms will be held in confidence. Our coaches need to know these details in order to meet the specific needs of your child.

I give permission for my child to attend for training and playing sessions.

Childs Full Name: \_\_\_\_\_

Address: \_\_\_\_\_

Post Code: \_\_\_\_\_ Email: \_\_\_\_\_

Home Tel: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_

Telephone number where I can be contacted in the case of Emergency: \_\_\_\_\_

If unavailable contact Name: \_\_\_\_\_ Tel: \_\_\_\_\_

Relationship to child: \_\_\_\_\_

I give permission for my child to travel to matches by transport arranged by the manager **(YES / NO)**

Name and Telephone Number of GP: \_\_\_\_\_

Details of any known condition, allergies etc. (Asthma, Diabetes, Epilepsy) \_\_\_\_\_

Any Medication being taken: \_\_\_\_\_

Any other special needs, requirements or directions that would be helpful for the coaches to know about

\_\_\_\_\_

School: \_\_\_\_\_ Head: \_\_\_\_\_

Contact Number: \_\_\_\_\_ Teacher: \_\_\_\_\_ Year: \_\_\_\_\_

For purposes of TW Braga Education Officer what subjects does your child need assistance in?

\_\_\_\_\_

Add any more helpful information here including any transfer tests or exams coming up:

\_\_\_\_\_

I will inform the coaches of any important changes to my child's health, medication or needs and also any changes in our address or phone numbers given above.

In the event of illness, having parental responsibility for the above child, I give permission for medical treatment to be administered where considered necessary by a nominated first aider, or by suitably qualified Medical practitioners. If I cannot be contacted and my child should require emergency hospital treatment, I authorise a qualified medical practitioner to provide emergency treatment of medication.

I confirm that the above details are correct to the best of my knowledge

Signature: \_\_\_\_\_ Parent / Guardian

Print Name: \_\_\_\_\_

Date: \_\_\_\_\_