



PARENT CONSENT FORM

This form must be completed and returned to the Child Protection Officer and retained in a confidential place; in the coaches' office. All players under 18 years of age at the club must have a completed form before playing at the club; other than playing as a visitor to the club for a competition or via a local school

Abingdon Squash and Racketball Club

1. Details of squash activity:

From: _____ To: _____

I agree to (Child's name) _____

taking part in this activity and I acknowledge the need to behave responsibly and safely and to comply with the instructions of the coach(es).

2. Medical information about your child.

a. Are you aware of any conditions requiring medical treatment, including medication? YES/NO.

If YES, please give brief details:.....

b. Please identify any dietary requirements that we should know about:.....

c. Is your child allergic to any medication? YES/NO. If YES, please specify:

I will inform the person in charge as soon as possible of any changes in the medical or other circumstances between now and the specified end of the activity.

3. Photography and Recorded Images

Abingdon Squash Club will not permit photographs, video or other images of children/young people to be taken without the consent of the parents/carers and children/young people.

4. Declaration

In an emergency, I agree to my child receiving medication as instructed and any emergency dental, medical or surgical treatment, including anesthetic or blood transfusion, as considered necessary by the medical authorities present.

Emergency contact: Name: _____ Relationship: _____

Contact telephone numbers (incl. national code):

Home: _____ Mobile: _____

email: _____

Name of your family doctor: _____

Tel: No. _____

Address: _____

Signed: _____ Date: _____

Full Name (Capitals): _____ Relationship _____