

PARENTAL CONSENT FORM

Travel

CONFIDENTIAL

TRAVELING CHILD

FULL NAME OF CHILD:

DOB:

HOME ADDRESS:

CLUB:

REGISTERED No:

PARENT / GUARDIAN

FULL NAME OF PARENT / GUARDIAN:

RELATIONSHIP:

HOME ADDRESS:

ALL 24 Hr CONTACT NUMBERS: [HOME]:

[WORK]:

[MB]:

DETAILS OF ALTERNATIVE EMERGENCY CONTACT

FULL NAME:

RELATIONSHIP:

CONTACT ADDRESS:

ALL 24 Hr CONTACT NUMBERS:

DETAILS OF FAMILY DOCTOR

PRACTICE NAME AND ADDRESS:

NAME OF FAMILY GP:

TEL NUMBER OF SURGERY:

DETAILS OF EVENT

NAME OF EVENT:

FULL ADDRESS OF EVENT:

DURATION OF EVENT:

ACTIVITY WITHIN EVENT THAT ATHLETE WILL BE ENGAGED IN:
[include alternatives if planned ie: swimming, football etc]

TRANSPORT

MODE OF TRANSPORT:

LOCATION OF PICK-UP:

TIME OF PICK-UP:

LOCATION OF DROP-OFF:

TIME OF RETURN:

SENIOR SUPERVISING MEMBER OF PARTY

NAME:

POSITION:

24 Hr CONTACT NUMBERS:

CHILD PROTECTION LEAD OF PARTY IF DIFFERENT TO ABOVE

NAME:

24 Hr CONTACT NUMBERS:

ACCOMODATION

FULL ADDRESS OF ACCOMODATION:

TELEPHONE NUMBER OF HOTEL / HOST FAMILY ETC:

ANTICIPATED TIME OF ARRIVAL:

DEPARTURE DATE:

DEPARTURE TIME:

TYPE OF ACCOMODATION: [Dormitory] [Twin Room] [Single Room] [Host Family] Other:

DETAILS OF INSURANCES IN FORCE FOR THIS TRIP:

DECLARATION

DECLARATION BY PARENT / GUARDIAN

I agree / do not agree to [FULL NAME]: participating in the activities shown.

- Please outline any medication which the athlete is required to take including frequency

=

- Indicate if you wish a supervising adult to administer this medication

YES / NO

- Indicate any dietary requirements of the athlete

=

- Indicate any cultural requirements the athlete may have:

=

- Does the athlete have any allergies

YES / NO

If YES please describe:

- Does the athlete have any contagious diseases

YES / NO

If YES please describe:

- When did the athlete last have a Tetanus Injection DATE:

Please inform the Club / Division / Association if this medical information changes in any way prior to the trip

- *Are there any issues or concerns [which will be dealt with in the strictest confidence] that you feel the supervising adult should be aware of =*

*I have been made aware of / provided with the 'Safeguarding & Child Protection Policy'.
I fully understand the extent and limitations of the insurance cover provided by the Club / Division
/ Association.*

*I agree to my son / daughter receiving medication as instructed and any emergency dental
treatment, medical or surgical treatment including anesthetic or blood transfusion as considered
necessary by the competent medical authorities present.*

FULL NAME OF PARENT OR GUARDIAN:
USE BLOCK CAPITALS PLEASE

RELATIONSHIP:

SIGNATURE:

DATE: