

Special Consent Forms

Consent Form for Parents/ Carers

Club / Association Name and Address (and Logo) here

CONSENT FORM

Name of Child..... Date of Birth...../...../.....

Address.....

Telephone No :(Home)..... (Work).....

In the interest of your child, it is essential to know whether he or she suffers from any illness or medical condition e.g. Diabetes, Asthma, Epilepsy, Autism , Dyslexia etc. Please use this space to state, in confidence, any health or other matter concerning your child of which accompanying club officials should be aware. Please also indicate any prescribed medication, etc.

.....
.....
(Please use separate sheet if necessary)

I consent to my child taking part in the Club activities whether on its premises or at away venues. I acknowledge that the Club will take all reasonable steps in the exercise of their duty of care to him / her from accident or other harm. I understand that in the event of an accident or other emergency every effort will be made to contact me. If unable to make contact, I consent to my child receiving urgent medical treatment which in the opinion of a qualified medical practitioner may be necessary, including transportation to hospital, and accept that such practitioner will need to be informed of any condition / medication disclosed above.

(Optional Clause)

I further give my consent to my child being photographed during

.....activity/even
t

If photos are taken, only accredited photographers will be used by

[The images produced will be for use in the.....
Yearbook, Bowls Publications and Official Website. These photos will convey the best principles and aspects of bowls.

Under the UK Sport Drug-Free Sport Policy, it may be necessary for your child to be tested for sport enhancing drugs. Please advise the appropriate NGB Secretary/ CPO or official in charge of the event if you have any objections to such a test.

I am the parent / legal guardian of the child.

Signed.....

Name (Please use Block Capitals)

Relationship.....

Date.....

Note: If you require information on club/ association activities, or have any concerns regarding your child's participation, please contact the person named below.

(Give here the name, position in club/ association, address, and telephone number of the relevant person in charge)

Special Consents

Completion of the parent /carers consent form shown above will suffice as authority for participation in the usual home and away type of club event or activity. However, there may be occasions when the event / activity cannot be completed in one day resulting in an overnight stay, eg Middleton Cup / Liberty Trophy late stages, International competition, or Tour.

In such cases it is advisable to give advance notice to the parent / carer which clearly explains the circumstances, including details of accommodation, contact names and telephone numbers, etc. It is essential that special consent is obtained by using a modified lower portion of the form above in which the consent paragraph is amended to suit the occasion (see example below)

Remember that you may need to increase the number of approved volunteers to ensure an appropriate level of supervision, eg one addition if there are three young people under age 18 in the team / party.

See also Appendix 4 for specimen forms relating specifically to photography.

Example of modified wording for Parents / Carers Special Consent Form where travel and overnight (or longer) accommodation under supervision may be required.

I have received comprehensive details of the [state occasion] taking place [insert date(s)], and am aware of the arrangements made for the accommodation and safety of my child.

I consent to my child taking part, and acknowledge that the [Club/Association/ Organisation] will take all reasonable steps in the exercise of their duty of care to him / her from accident or other harm.

I understand that in the event of an accident or other emergency every effort will be made to contact me. If unable to make contact, I consent to my child receiving urgent medical treatment which in the opinion of a qualified medical practitioner may be necessary, including transport to hospital.

I am the parent / legal guardian of the child.

Signed.....

Name..... Relationship.....

Date.....

Note: If you require further information on these activities, or have any concerns regarding your child's participation, please contact the person named below.

(Give here the name, position in club/association, address, and telephone number of the relevant person in charge)

Please note

For County and National Governing Bodies where photographs will be taken such as at their Championships the following line should be added before the line 'I am the Parent /Legal Guardian of the child'

I give permission for photographs to be taken by the fully authorised photographer nominated by (insert name for organising body) and these may be used for Year Book and publicity purposes by this body.