

Template 7

Junior Player Consent Form Template

The safety and welfare of juniors in our care is paramount, and it is therefore important that we are aware of any illness, medical condition and other relevant health details so that their best interests are addressed.

Please complete this form with our assurance that the information will be treated as confidential.

It is the responsibility of the junior and their parent to notify the Club Welfare Officer (CWO) or Secretary if any of the details change at any time.

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| Name: | |
| Date of Birth: | |
| Address: | |
| Telephone Number: | |
| Parents Name: | |
| Address (if different to above) | |
| Home Telephone Number: | |
| Mobile Telephone Number: | |
| Work Telephone Number: | |
| Emergency Contacts | |
| Contact 1 – Name: | |
| Relationship to Child: | |
| Home Telephone Number: | |
| Mobile Telephone Number: | |
| Work Telephone Number: | |
| Contact 2 – Name: | |
| Relationship to Child: | |
| Home Telephone Number: | |
| Mobile Telephone Number: | |
| Work Telephone Number: | |
| Child's Doctors Name: | |
| Doctors Surgery Address: | |
| Telephone Number: | |
| Does your child experience any conditions requiring medical treatment and/or medication? Yes <input type="checkbox"/> No <input type="checkbox"/> *If YES please give details, including medication, dose and frequency: | |
| Does your child have any allergies? Yes <input type="checkbox"/> No <input type="checkbox"/> *If YES please give details: | |
| Does your child have any specific dietary requirements? Yes <input type="checkbox"/> No <input type="checkbox"/> *If YES please give details: | |

What additional needs, if any, does your child have e.g. needs help to administer planned medication, assistance with lifting or access, regular snacks?

The Disability Discrimination Act 1995 defines a disabled person as 'anyone with a physical or mental impairment, which has a substantial and long term adverse effect on his or her ability to carry out normal day to day activities'.

Do you consider your child to have a disability? Yes No

If YES what is the nature of the disability?

Hearing impairment: Learning disability: Multiple disabilities:
Physical disability: Other: (please specify) :

Does your child have any communication needs e.g. non-English speaker/hearing impairment/sign language user/ dyslexia? If yes, please tell us what we need to do to enable him/her them to communicate with us fully

- I confirm to the best of my knowledge that my child does not suffer from any medical condition other than those detailed above.
- I agree to notify the County/club of any changes.
- I, _____, being parent/guardian of the above named child, hereby give permission for the NGB/County/club responsible person to give the immediately necessary authority on my behalf for any medical or surgical treatment recommended by competent medical authorities, where it would be contrary to my child's interest, in the doctor's medical opinion, for any delay to be incurred by seeking my personal consent.
- The attached signature will denote that my child has my permission to be on the bowls club's premises. (Please tick the box if agreed)
- I acknowledge that the club is not responsible for providing adult supervision for my child except for formal junior bowls coaching, matches or competition. (Please tick the box if agreed)
- I also agree to my child being transported by club representatives to and from venues

When he/she is representing the bowls club. (Please tick the box if agreed)

Signed (Parent/Guardian):

Print Name:

Date: