

Sale Tennis Club

Consent & Emergency Contact Form



This form must be completed by the Parent/Carer

Your details:

| | | |
|------------------|-------------------|--------|
| Name: | | |
| Address: | | |
| Contact details: | Phone: Mobile: | Email: |

Details of the child / adult at risk

| | | |
|-------------------------------------------------------|-------------------|--------|
| Name: | | |
| Date of birth: | | |
| Address (if different from the parent/carer): | | |
| Contact details (if different from the parent/carer): | Phone: Mobile: | Email: |

Details of the event/trip the child/adult at risk will be attending:

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| |
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Activities

| I give permission for the child/adult at risk to: | | |
|---------------------------------------------------------------|-----|----|
| Be involved in photography and/or filming. | Yes | No |
| Travel by any form of public transport or in a motor vehicle. | Yes | No |
| Other (please detail) | Yes | No |

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Child / Adult at Risk Medical/Disability History

| Does the child or young person have: | | |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|
| Any health needs (e.g. diabetes, asthma, epilepsy, allergies) that we should be aware of? | Yes | No |
| Any access needs? | Yes | No |
| Any religious or spiritual practices we should be aware of? | Yes | No |
| Any dietary needs we should be aware of? | Yes | No |
| Anything else which we should be aware of? | Yes | No |
| <p>If yes to any of the above, please provide full details e.g. time medication must be taken, if help is required to administer medication, etc. (please use additional paper if required).</p> | | |

Emergency Contact Details (if different from Parent/Carer)

| | | |
|--------------------------------------------|---------|--------|
| Name: | | |
| Relationship to the child or young person: | | |
| Address: | | |
| Contact details: | Phone: | Email: |
| | Mobile: | |

Confirmation

| | | | |
|-------------------------------|--|------|--|
| Name of Parent/Carer (print): | | Date | |
| Signature: | | | |