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## PARENTAL/CARER CONSENT FORM FOR YOUTH RUGBY TOUR #6

Copy to be taken by Tour/Team Manager and copy to be retained by Home Contact, who has a valid RFU DBS. (All NLD Clubs should have their own privacy notice)

### For Parent/Carer:

Name of Player/Young Person:	
Date of birth:	
Tour dates:	
Emergency Contact name:	
Relationship to young person:	
Address:	
Telephone number - <b>home</b> :	
Telephone number – <b>work</b> :	
Telephone number – <b>mobile</b> :	
Name of person (s) taking responsibility for the young person whilst on tour (All persons below have undergone a DBS check)	
Name (s):	

- I have received comprehensive details of the above tour and am aware of the RFU policies and guidelines related to tours, including [TRIPS TOURS AND OVERNIGHT STAYS](#) document.
- I consent to my child attending the proposed rugby tour and his/her participation in any of the activities.
- I have assured that he/she understands the importance of his/her safety and the safety of the group of complying with the rules and instructions given by the staff in charge.
- I accept that I may be required to bear the cost of any loss or damage that he/she causes which is not covered by insurance.
- I can confirm that my child is able to swim and participate in water-based activities. My child can swim \_\_\_\_\_ metres
- I consent / do not consent (delete as appropriate) to photos and/or videos that may include my child being taken during the tour, in line with the club's photographic policy.
- I agree to be at the designated pick-up/drop-off point at the agreed time.

Signed – Parent/Carer: \_\_\_\_\_

Print Name: \_\_\_\_\_

Date: \_\_\_\_\_

### For Young Person:

- I have read and accept the **YOUNG PERSON CODE OF CONDUCT** and agree to abide by it at all times whilst on tour.

Signed – Player: \_\_\_\_\_

Print Name: \_\_\_\_\_

Date: \_\_\_\_\_



## MEDICAL FORM FOR RUGBY TOUR

Medical Information	Yes / No	Details
1. Does your child experience any conditions requiring medical treatment and/or medication? If yes, please give details:	<input type="checkbox"/> Yes / <input type="checkbox"/> No	
2. Does your child have any allergies? If yes, please give details:	<input type="checkbox"/> Yes / <input type="checkbox"/> No	
3. Does your child have any specific dietary requirements? If yes, please give details:	<input type="checkbox"/> Yes / <input type="checkbox"/> No	
4. Please provide any further information you feel is necessary:		

- I confirm to the best of my knowledge th at my son/daughter does not suffer from any medical condition other than those detailed.
- I authorise a member of the Tour Manage ment who holds a first aid qualification, to administer emergency first aid treatment where this is absolutely necessary in the event of a serious emergency if it would not be possible for such treatment to be administered by a qualified medical practitioner.
- In the event of illness or an accident requiring medical treatment, I agree to my son/daughter receiving treatment including anaesthetic as considered necessary by the medical authorities.
- I agree to this treatment being authorised by a member of the Tour Management, who may sign any written form of consent required by hospital authorities should a surgical operation or serum injection be deemed necessary and providing that the delay required to obtain my signature might be considered by a doctor likely to endanger my son/daughter’s health or safety.
- I do not agree to my son/daughter receiving the following medical treatment:

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- I understand that the Tour Management and voluntary helpers will take all reasonable care of my son/daughter but cannot necessarily be held responsible for any loss, damage or personal injury suffered by him/her
- I also agree to bear the cost of any loss or damage caused by my son/daughter which is not covered by insurance

Signed – Parent/Carer: \_\_\_\_\_

Print Name: \_\_\_\_\_

Date: \_\_\_\_\_