

## Oakley Bowling Club

## **Junior Player Consent Form**

The safety and welfare of juniors in our care is paramount, and it is essential that we have parent's/guardian's permission for the child to take part in our activities and that we are aware of any illness, medical condition and other relevant health details so that the child's best interests are addressed. Information on this form will be treated as confidential.

Name of Child:	Date of Birth:
Address:	
Telephone No: (Home)	(Mobile)
for my child taking part in Club activities	the above-named child and I hereby give my consent and those of Associations to which the Club is affiliated by Club. I consent also to information on this form being events my child may play
protect him/her from accident or other had emergency, every effort will be made to permission for the Club or the responsible affiliated to give the immediately necessative treatment recommended by competent in medical opinion, be contrary to my child?	reasonable steps, in the exercise of its duty of care, to arm. I understand that, in the event of an accident or contact me. If contact cannot be made I give le person of any Association to which the Club is ary authority, on my behalf, for any medical or surgical nedical authorities, where it would, in the doctor's interests for delay to occur whilst seeking my writy will be informed of any condition/medication
-	o travel to a number of venues in order both to play and y travel by car, coach or train with any member.
of my child during matches and competit newsletters, on bowls websites and in lo that I may ask for images to be removed will endeavour to achieve this within 7 da concerned that images may be being use	eos being, with the agreement of a Club officer, taken ions and agree that these images may be used in cal and national publications and newspapers. I note from websites and that the appropriate bowls authority ays of my request. Should I or my child become ed inappropriately I will inform the Safeguarding Officer. er agreement to photos/videos being taken of him/her.
Child's Signature	
Parent/ Guardian's Signature	Date
Name:	
Address:	

## **Health Profile**

## The information in this profile is confidential and it is the responsibility of the Parent/Guardian to keep the Safeguarding Officer informed of any changes

Parent's Emergency Contact Details: Tel No: Mobile No:		
Alternative Contact Details: Name:		
Tele No: Mobile No:		
Child's Doctors Name:		
Doctors Surgery Address:		
Telephone Number:		
Does your child experience any conditions requiring medical treatment and/or medication? Yes  No  *If YES please give details, including medication, dose and frequency:		
Does your child have any allergies? Yes  No  *If YES please give details:		
Does your child have any specific dietary requirements? Yes   No   *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 to communicate with us fully		