ST PAUL'S BOXING ACADEMY CIO

PARENTAL CONSENT FORM [Travel away from Home]

CONFIDENTIAL

1. TRAVELLING ATHLETE

Full name of athlete	First name:	Surname:
Date of birth		
Home address with post code		
Club		
Registered number		

2. PARENT / GUARDIAN

Full name of parent/carer	First name:	Surname:
Relationship		
Home address with post code		
All 24 hour contact numbers	Work:	
	Mobile:	

3. DETAILS OF ALTERNATIVE EMERGENCY CONTACT

Full name	Surname: First name:
Relationship	
Contact address with post code	
All 24 hour contact numbers	Work:
	Mobile:

4. DETAILS OF FAMILY DOCTOR

Practice name and address	
Name of family GP	
Contact number	

5. DETAILS OF EVENT

Name of event	
Full address of event	
Duration of event	
Event Activity	

6. TRANSPORT

Mode of transport	
Location of pick-up	
Time of pick-up	
Location of drop -off	
Time of return	

7. SENIOR SUPERVISING MEMBER OF PARTY

Name	
Position	
24hr contact number	

8. SAFEGUARDING LEAD IF DIFFERENT TO ABOVE

Name	
Position	
24hr contact number	

9. ACCOMMODATION

Full address of accommodation	
Telephone number of accommodation	
Anticipated time of arrival	

10. RETURN JOURNEY

Departure date and time	
Expected time of arrival	

DETAILS OF INSURANCES IN FORCE FOR THIS TRIP:

DECLARATION

DECLARATION BY PARENT / CARER

I agree / do not agree to **……**participating in the activities shown.

- Please outline any medication which the athlete is required to take including frequency.

- Indicate if you wish a supervising adult to administer this medication
  YES / NO

- Indicate any dietary requirements of the athlete

- Indicate any cultural requirements the athlete may have.

- Does the athlete have any allergies
  YES / NO

  If YES please describe:

- Does the athlete have any contagious diseases
  YES / NO

  If YES please describe:

- When did the athlete last have a Tetanus Injection DATE:

  Please inform the club if this medical information changes in any way prior to the trip

- *Are there any issues or concerns [which will be dealt with in the strictest confidence] that you feel the supervising adult should be aware of?*

I have been made aware of the St. Paul's Boxing Academy CIO 'Safeguarding and Child Protection Policy'.

I fully understand the extent and limitations of the insurance cover provided by the Academy.

I agree to my son / daughter receiving medication as instructed and any emergency dental treatment, medical or surgical treatment including anaesthetic or blood transfusion as considered necessary by the competent medical authorities present.

FULL NAME OF PARENT OR CARER:

RELATIONSHIP:

SIGNATURE: ***DATE:***