



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 toparticipating 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: