

Content:

Detailed here is the Parental Consent letter to be filled out by the parent / carer of the young person attending a Table Tennis England event, training camp or competition.

Detail:

This form will provide the organisers with vital contact details and medical information in case of accident/illness.

The information contained will be used only for administrative purposes and will remain confidential and available to those persons responsible for transport and accommodation arrangements. Please complete all questions and ensure all writing is legible.

PERSONAL DETAILS OF PARTICIPANT:

Last Name:		First Name:	
Address:			
Postcode:			
Telephone Numbers: Home:		Mobile:	
Age:		Date of Birth:	
Gender: Male	<input type="checkbox"/>	Female	<input type="checkbox"/>
	<input type="checkbox"/>	Transgender	<input type="checkbox"/>

EMERGENCY CONTACT DETAILS:

First Name:	
Last Name:	
Telephone Numbers: Home:	Work:
Mobile:	
Relationship to Participant:	

MEDICAL INFORMATION:

Does your child have any specific medical conditions requiring medical treatment and/or medication?
Are there any other medical details you feel we should know about?
Does your child suffer from any allergies?
Please provide details of the type of pain/flu medication that may be given to your child:
Doctor's Name:
Doctor's Telephone Number:

Does your child have any special dietary needs?
Yes <input type="checkbox"/> No <input type="checkbox"/>
Please specify:

RELIGIOUS NEEDS:

Do you have any specific religious requirements e.g. Prayer Room?
Yes <input type="checkbox"/> No <input type="checkbox"/>
If yes please specify:

I acknowledge that the club/league/county/region (delete where applicable) will be liable in the event of any accident *only if they have failed to take reasonable steps in their duty of care for my child during any events or training camps*. I understand that the coaches/responsible adults have a common law duty to act in the capacity of a reasonably prudent parent.

I, _____ being parent/guardian/carer (delete where applicable) of the above named child hereby give permission for the coach/team manager/event organiser to give the immediately necessary authority on my behalf for any medical or surgical treatment recommended by competent medical authorities, where it would be contrary to my child's interest, in the doctor's medical opinion, for any delay to be incurred by seeking my personal consent.

I have read the Player's Code of Conduct and agree that my child should abide by this whilst in the care of _____ and I understand that a serious or continued breach of this Code may result in my child being sent home early at my expense.

I confirm that I have also read the Parent/Carers Guidelines and, in signing this form below I acknowledge the content.

I am aware that photographs will be taken during the Event for promotional purposes and do/do not (delete as applicable) give consent for my child to feature in such photos.

Parent/Guardian/Carer Name: (please print) (must be person with legal parental responsibility)
Signature of Parent/Guardian/Carer:
Once completed please return this form to: Safeguarding@tabletennisengland.co.uk