



**Content:**

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

**Detail:**

This form will provide Table Tennis England with vital contact details and medical information in case of accident/illness and shall ensure your child is aware of what is expected of them during their time as a volunteer.

The information contained will be used only for administrative purposes and will remain confidential. Please complete all questions and ensure all writing is legible.

Event your child is volunteering at:.....

Dates your child will be required at the event:

From:

To:

**PERSONAL DETAILS OF VOLUNTEER:**

Last Name:		First Name:			
Address:					
Postcode:					
Telephone Numbers: Home:			Mobile:		
Age:		Date of Birth:			
Gender: Male	<input type="checkbox"/>	Female	<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:
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I, \_\_\_\_\_ being parent/guardian/carer (delete where applicable) of the above-named child hereby give permission for the responsible adult/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.

(Must be person with legal parental responsibility)

Signature of Parent/Guardian/Carer: \_\_\_\_\_

I, \_\_\_\_\_ being parent/guardian/carer (delete where applicable) have read the Volunteer's Code of Conduct and agree that my child shall abide by this. I understand that a serious or continued breach of this Code may result in my child being sent home at my expense.

(Must be person with legal parental responsibility)

Signature of Parent/Guardian/Carer: \_\_\_\_\_

I confirm that I, \_\_\_\_\_ being parent/guardian/carer (delete where applicable) have also read the Parent/Carers Guidelines and, in signing this form below I acknowledge the content.

(Must be person with legal parental responsibility)

Signature of Parent/Guardian/Carer: \_\_\_\_\_

I, \_\_\_\_\_ being parent/guardian/carer (delete where applicable) 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.

(Must be person with legal parental responsibility)

Signature of Parent/Guardian/Carer: \_\_\_\_\_

Once completed please return this form to: [Safeguarding@tabletennisengland.co.uk](mailto:Safeguarding@tabletennisengland.co.uk)