



MIDLAND HOCKEY UNION - PARENTAL CONSENT FORM

Midland Hockey Union values the involvement of children in our sport. We are committed to ensuring that all children stay safe whilst participating in Hockey. To help us fulfil our joint responsibilities, we need you to you **complete this form and bring it along to the trials/training programme your child is participating in**. Please also let us know as soon as possible if any of the information changes. All information will be treated with sensitivity, respect and will only be shared with those who need to know e.g. a team manager, child protection officer or first aider.

Name of child: _____

Date of Birth: _____

School and/or Club _____

Home address: _____

Telephone: H _____ W _____ M _____

Email _____

Name:Emergency Contact _____

Telephone Contact: _____

Relationship to Child: _____

Name:General Practitioner: _____

Address of GP: _____

GP Telephone Contact: _____

1 MEDICAL INFORMATION AND CONSENT

Please complete the following details. If none, please state "none".

Any pre existing medical conditions that may affect the child's participation in Hockey:

Any medication or treatment required:

Any existing injuries (include when injury sustained and treatment received):

Allergies including allergies to medication

TO BE COMPLETED BY PARENT/GUARDIAN

I consent to my child receiving medical treatment, including anaesthetic, which the medical professionals present consider necessary. I undertake to inform the team coach/manager of Midland Hockey Union should any of the information contained in this form change.

Signature: _____

Date: _____

Print Name: _____

Relationship _____ to _____ Child:

2 TRANSPORTATION OF CHILDREN

I CONSENT / I DO NOT CONSENT (delete as appropriate) to my child being transported by persons representing Midland Hockey Union (Youth) or one of its individual members or affiliated clubs for the purposes of taking part in Hockey.

I understand Midland Hockey Union (Youth) will ask any person using a private vehicle to declare that they are properly licensed and insured and, in the case of a person who cannot so declare, will not permit that individual to transport children.

In the event that I agree to a request from the Midland Hockey Union to transport children in a vehicle driven by me, I undertake to ensure that: -

- I will ensure that the vehicle is correctly insured for the purpose.
- I have a valid and appropriate license for the vehicle being used.
- All reasonable safety measures are available i.e. Fitted, working seatbelts, booster seats for under 12's
- There is an appropriate ratio of adults per child.
- I have adequate breaks.
- When possible, another adult will be in the vehicle

Signature: _____

Date: _____

Relationship _____ to _____ Child:

Print Name: _____

3 PHOTOGRAPHS AND PUBLICATIONS (Including Website)

Your child may be photographed or filmed when participating in Midland Hockey Union programmes. All reasonable steps will be taken to obtain parental consent. In the absence of any explicit objection, those responsible will act in the best interests of the child which may include assuming parental agreement for the above reasons.

I GIVE / DO NOT GIVE (delete as appropriate) my permission for my child to be involved in photographing/filming and for information about my child to be used for certain limited purposes e.g. promotion, performance analysis, reporting, etc)

Signature: _____

Date: _____

Relationship _____ to _____ Child:

Print Name: _____
