



SAFEGUARDING
PARENT/CARERS CONSENT FORM

Last modified April 2014

.....**Short Mat Bowling Club**

The information given on this form is **CONFIDENTIAL**. It is required so that both Club and NYSMBA officials may be informed of the parent/carers wishes with regard to their child/vulnerable adult's participation in Club or NYSMBA activities and so that relevant information is available in the event of any emergency. **A newly completed form in respect of each member under 18 or vulnerable adult must accompany the clubs registration details sent to the NYSMBA Membership Secretary at the beginning of each season.** This will be forwarded to the NYSMBA Safeguarding Officer and also to the ESMBA U21 Manager if requested. Copies must also be retained by the clubs Safeguarding Officer as well as by the parent/carer.

(A) CONSENT

Name of child/vulnerable adult..... Date of Birth.....

I am the parent/legal guardian of the person named above and I consent to him/her taking part in Club and NYSMBA activities whether on Club premises or at away venues. I acknowledge that the Club and NYSMBA will take all reasonable steps in the exercise of their duty of care to keep him/her from harm. I understand that in the event of an accident or other emergency every effort will be made to contact me. If unable to make contact, I consent to him/her receiving urgent medical treatment which in the opinion of a qualified medical practitioner may be necessary, including transportation to hospital, and I accept that such practitioner will need to be informed of any condition and/or medication disclosed below.

I have read all the information on this form and give additional consents where indicated below.

Name.....Relationship to child/vulnerable adult.....

Address.....Tel. Number(s).....

Email address.....

Signed.....Date.....

It has / has not been necessary for me to supply additional information on a separate sheet.

(B) TRANSPORT

It is normally the parent/carers responsibility to deliver and pick up their child/vulnerable adult from the Club premises. It should be noted that participation in some Club or NYSMBA events may involve travel to venues other than that of their own Club (e.g. for "away" games or participation in "open" competitions). Any Club or NYSMBA members involved in transporting your child/vulnerable adult will comply with the codes of practice laid down in the CPP policy document issued by the English Bowls Joint Panel. You will be fully informed of their name and pickup and drop-off times will be agreed with you.

I give / do not give my consent for my child/vulnerable adult to be transported by nominated Club or NYSMBA members.

Note 1 - If consent is not given, the parent/carer will be responsible for delivering their child/vulnerable adult to all events on time and picking them up at the conclusion of the event.

Note 2 – This consent does NOT apply to transport to any location involving an overnight stay. Any such journeys will require the Club or NYSMBA to fully involve parents/carers in such arrangements.

(C) HEALTH PROFILE

In the interest of your child/vulnerable adult, it is essential to know whether he or she suffers from any illness or medical conditions. Please use the following sections to state any health or other matter concerning him/her of which Club and NYSMBA officials should be aware, including any prescribed medication and additional emergency contact names and numbers.

(1) MEDICAL CONDITIONS - Is he/she DIABETIC, EPILEPTIC or ASTHMATIC or are there any other conditions, DISABILITIES or INJURIES that Club and NYSMBA officials should know about?

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(2) MEDICATION – Give details of any medications currently required by him/her.

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(D) EMERGENCY CONTACTS – In case parents/carers cannot be contacted or other need.

(1) Contact 1.....Relationship to child/vulnerable adult.....

AddressTel. number(s).....

(2) Contact 2.....Relationship to child/vulnerable adult.....

AddressTel. number(s).....

(3) DOCTORS name.....

AddressTel. number(s).....

(E) PHOTOGRAPHY

Photographs and/or videos of those involved in Club/NYSMBA activities may occasionally be taken. The Club/NYSMBA will seek to ensure that only accredited photographers are used and that any such photos will convey the best principles and aspects of Bowls. The images produced may be reproduced in the annual NYSMBA Handbook or published on the NYSMBA website or submitted to local Press publications.

I give / do not give my consent to him/her being photographed for the purposes stated.

(F) DRUGS

Under the UK Sport Drug-Free Sport Policy, it may be necessary for your child/vulnerable adult to be tested for sport enhancing drugs.

I give / do not give my consent to him/her being tested for sport enhancing drugs.

If you require information on Club or NYSMBA activities, or have any concerns regarding your child/vulnerable adult’s participation, please contact either of the Safeguarding Officers (SO) named below.

NYSMBA SO.....Telephone number(s).....

Club SO.....Telephone number(s).....