

**Blackheath & Bromley Harriers AC**

**Contact and consent form**

**Confidentiality:**

Details on this form will be held securely and will only be shared with coaches, team managers or others who need this information in order to meet the specific needs of your child.

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Name of child/young person: | |  | | | | | | | |
| Address: | |  | | | | | | | |
| Date of Birth: | | / / | | | Place of Birth: | | | | |
| Gender: | | Male / Female | | | | | | | |
| School: | |  | | | | | | | |
| Name(s) of parent(s) / carer(s): | |  | | | | | | | |
| Day time Tel No’s  Parent(s)/carer(s): | |  | | | | Mobile Tel No parent/carer: | | |  |
| Email addresses parent(s)/carer(s): | |  | | | | | | | |
| ***Emergency contact information:*** | | | | | | | | | |
| Name of alternative adult  who can be contacted in  an emergency: |  | | | | | | Relationship to child / young person: |  | |
| Day time Tel. No. of the alternative adult: |  | | | | | | Mobile Tel. No. of the alternative adult: |  | |
| Please confirm any activities that your child can not participate in? | Please give details: | | | | | | | | |
| ***Medical information:*** | | | | | | | | | |
| Any specific medical conditions requiring medical treatment? | | | **Yes/No:**  If yes please give details: | | | | | | |
| Details of medication required (pain/flu/inhaler): | | |  | | | | | | |
| Any specific medical condition or disability? | | | **Yes/No:**  If yes please give details: | | | | | | |
| Any allergies? | | | **Yes/ No:**  If yes please give details: | | | | | | |
| Details of any dietary requirements (vegan/vegetarian): | | | **Yes/ No:**  If yes please give details: | | | | | | |
| **Please notify the coach and team manager when any change to above medication occurs.** | | | | | | | | | |
| **Consent information:** *please tick the boxes below* | | | | | | | | | |
| * I give my consent that if an emergency medical situation arises, the organisation/club (ie relevant representative of the club) may act as loco parentis. If the need arises for administration of first aid and/or other medical treatment which in the opinion of a qualified medical practitioner may be necessary. I also understand that in such circumstances that all reasonable steps will have first been made to contact the parents/guardians of the child. | | | | | | | | | |
| * **I confirm that I have read, or been made aware of, the organisation’s policies concerning:** * Codes of conduct for parents, coaches, children & young people * Social media policy   **(see club website –** [**www.bandbhac.org.uk**](http://www.bandbhac.org.uk)**)** | | | | | | | | | |
| * I can confirm that my child is aware of the club’s code of conduct for athletes * I give consent for the coach/team manager to contact my child (either via direct message/ text/phone) if the need arises. * I give consent for the coach to take photos / video my child for coaching purposes, at competitions and medal ceremonies only. | | | | | | | | | |
| **Print name of child/young person:** | | | |  | | | | | |
| **Signature of parent / carer:** | | | |  | | | | | |
| **Print name of parent / carer:** | | | |  | | | | | |
| **Date:** | | | | | | | | | |