



PARENTAL CONSENT **MEDICAL/PHOTOGRAPHY**

Sale Rugby Club
Heywood Road
Sale
Cheshire
M33 3WB

PARENT/GUARDIAN AND YOUNG PERSON PERMISSION FORM

Specify any medical treatment / medication		
Specify any dietary requirements		
Specify type of pain relief medication your child may be given		
Is your child allergic to any medication		
When did your child last receive a tetanus injection		
Declaration. I agree to my son/daughter being given medication as instructed and any emergency dental, medical or surgical treatment including anaesthetic or blood transfusion, as considered necessary by the medical authorities present. I understand the extent and limitations of the insurance cover provided. I will inform the age group coach as soon as possible of any changes in the medical or other circumstances		
Contact Numbers:		
Work	Home	Mobile
Home Address		
Alternative emergency contact:		
Name and address of family doctor:		
Telephone Number		
Signed		
Print Name	Parent / Legal Guardian	

FOR THE USE OF PHOTOGRAPHS AND RECORDED IMAGES

I _____ (**insert parent/carer full name**)
consent/do not consent to the photographing/videoing and publication of images of
_____ (**name of young person**)
under the RFU's Child Protection and Best Practice guidelines and I confirm that I am legally
entitled to give this consent.

I also confirm that (name of young person) _____ is not under a court order

Signature: _____
Date: _____

I _____ (**name of young person**)
consent to the photographing/videoing and publication of images of my involvement in rugby
union under the RFU's Child Protection and Best Practice guidelines

Signature: _____
Date: _____

Please return this form to:
YOUR AGE GROUP COACH OR WITH YOUR MEMBERSHIP FORM