



Parent/Carer Consent Form for a Rugby Tour

Young person details

Name of Young Person:

Date of Birth

Tour Dates:

Start:

Finish:

Emergency Contact(s)

	Emergency Contact	Alternative Emergency Contact
Name		
Relationship to young person		
Home Address		
Tel: Mobile		
Tel: Home		
Tel: Work		

Name of person (s) taking responsibility for the young person whilst on tour

(All persons below have undergone a Disclosure and Baring Service check)

Names(s)

	YES	NO
Has your child any medical conditions? If so, please advise.		
Does your child take any medication? If so, please list below.		
Does your child have any allergies? If so, please list below		
Do you consent to the administration of paracetamol, if required?		
Do you consent to emergency medical treatment, if required?		

Activity Information:

- I agree to my son/daughter attending the proposed rugby tour and his/her participation in any of the activities.
- I have assured that he/she understands the importance of his/her safety and the safety of the group of complying with the rules and instructions given by the staff in charge.
- I accept that I may be required to bear the cost of any loss or damage that he/she causes which is not covered by insurance.
- I agree that during the activities photographs can be taken of which my child may be included and I agree to these photographs to be used by the club.
- I can confirm that my child is able to swim and participate in water based activities. My child can swim _____ metres
- I have received comprehensive details of the above tour and am aware of the RFU policies and guidelines in relation to tours.
- I consent to my child taking part in the activities indicated.
- I agree to be at the drop off/pick up point at the agreed time.

Signed by Parent or Guardian

Print Name

Date



TEAMWORK RESPECT ENJOYMENT DISCIPLINE SPORTSMANSHIP

'England Rugby' and the RFU Rose are trade marks of the Rugby Football Union