

# INNELLAN BOWLING & TENNIS CLUB

## CHILD WELLBEING AND PROTECTION

### SAFE IN CARE GUIDELINES

### PARTNERSHIP WITH PARENTS/CARERS FORM

Innellan Bowling & Tennis Club values the involvement of children in our sport. We are committed to ensuring that all children have fun and stay safe whilst participating in tennis and bowls. To help us fulfil our joint responsibilities for keeping children safe Innellan Bowling & Tennis Club have Safe in Care Guidelines. These Guidelines tell you what you can expect from us when your child participates in tennis and bowls and details the information we need from you to help us keep your child safe.

We need you to complete this form at the start of every season and to 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.

<b>Child's Name:</b>	<b>Date of Birth:</b>
<b>Address:</b>	<b>Tel No:</b>
<b>Postcode:</b>	
<b>Emergency Contact Name:</b>	<b>Emergency Contact Tel No:</b>
<b>Relationship to Child:</b>	
<b>Late Collection Contact:</b>	<b>Contact Tel No:</b>
<b>Relationship to Child:</b>	

<b>Name of GP:</b>	<b>Tel No of GP:</b>
<b>Address of GP:</b>  <b>Postcode:</b>	

## GENERAL & MEDICAL INFORMATION

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

1. Does your child have a disability/medical condition that will affect their ability to take part in sport? If yes, please give details:
  
2. Does your child take any medication? If yes, please give details:
  
3. Does your child have any existing injuries (include when injury sustained and treatment received)? If yes, please give details:
  
4. Does your child have any allergies, including allergies to medication? If yes, please give details:
  
5. Is there any other relevant information which you would like us to know about your child? (e.g. access rights, disabilities, etc)

## CONSENT – MEDICAL TREATMENT

I consent / I do not consent (*delete as appropriate*) to my child receiving medical treatment, including anaesthetic, which the medical professionals present consider necessary.

## CONSENT – TRANSPORTATION OF CHILDREN

I consent / I do not consent (*delete as appropriate*) to my child being transported by persons representing Innellan Bowling & Tennis Club, individual members or affiliated clubs for the purposes of taking part in tennis and/or bowls.

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I understand Innellan Bowling & Tennis Club 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.

**CONSENT - PHOTOGRAPHS AND PUBLICATIONS (INCLUDING WEBSITE)**

Your child may be photographed or filmed when participating in tennis and/or bowls.

I consent / I do not consent (*delete as appropriate*) for my child to be involved in photographing/filming and for information about my child to be used for the purposes stated in Innellan Bowling & Tennis Club's Safe in Care Guidelines.

**CONSENT – CONTACT INFORMATION**

Innellan Bowling & Tennis Club may contact your child from time to time via email, text or social networking site.

I consent / I do not consent (*delete as appropriate*) for my child to be contacted via email, text or social networking site for the purposes stated in Innellan Bowling & Tennis Club's Safe in Care Guidelines. I do / do not (*delete as appropriate*) wish to be copied in to these messages.

**CONSENT – SIGNATURE**

1. I am aware of the Safe in Care Guidelines for tennis and/or bowls and agree to work in partnership with Innellan Bowling & Tennis Club to promote my child's safe participation in tennis and/or bowls.
2. I am aware of Innellan Bowling & Tennis Club's Code of Conduct and Child Wellbeing and Protection Policy and Procedures.
3. I undertake to inform Innellan Bowling & Tennis Club should any of the information contained in this form change.

**Date:** \_\_\_\_\_

**Parent/Carer's Signature:** \_\_\_\_\_  
*(Please state relationship to child if not parent)*

**Print Name:** \_\_\_\_\_