

# PARENT/CARER CONSENT FORM FOR A RUGBY LEAGUE TOUR



Young Person Details

Date of Birth

Tour Dates

Finish

Emergency contact(s)

	Emergency Contact	Alternative Emergency Contact
<b>Name</b>		
<b>Relationship to young person</b>		
<b>Home Address</b>		
<b>Tel Home</b>		
<b>Tel work</b>		
<b>Tel Mobile</b>		

Name of person(s) taking responsibility for the young person whilst on tour  
(All persons below have undergone a DBS check)

Name

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# **PARENT/CARER CONSENT FORM FOR A RUGBY LEAGUE TOUR**



## ***Activity Information***

- I agree to my son/daughter attending the proposed Rugby League Tour and his/her participation in any of the activities
- I confirm 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 and the RFL for promotional purposes.
- I have received comprehensive details of the above tour and am aware of the RFL Policies and guidelines in relation to tours
- I consent to my child taking part in the activities indicated
- I agree to be at the pick-up/drop off point at the agreed time

**Signed - parent/carer**

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**Printed**

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**Date**

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# MEDICAL INFORMATION



## Activity Information

1. Does your child experience any conditions requiring medical treatment and/or medication?

Yes  No

If yes please give details (to include details of dose, frequency and route of administration);

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2. Does your child have any allergies?

Yes  No

If yes please give details;

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3. Does your child have any specific dietary requirements?

Yes  No

If yes please give details;

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4. Please provide any further information you feel is necessary

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# DECLARATION



1. I confirm to the best of my knowledge that my son/daughter does not suffer from any medical condition other than those detailed.
2. I authorise a member of the Tour Management who holds a first aid qualification, to administer emergency first aid treatment where this is absolutely necessary in the event of a serious emergency if it would not be possible for such treatment to be administered by a qualified medical practitioner.
3. In the event of illness or an accident requiring medical treatment, I agree to my son/daughter receiving treatment including anaesthetic as considered necessary by the medical authorities.
4. I agree to this treatment being authorised by a member of the Tour Management, who may sign any written form of consent required by hospital authorities should a surgical operation or serum injection be deemed necessary and providing that the delay required to obtain my signature might be considered by a doctor likely to endanger my son/daughters health or safety.
5. I do not agree to my son/daughter receiving the following medical treatment.  

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6. I understand that the Tour Management and voluntary helpers will take all reasonable care of my son/daughter but cannot necessarily be held responsible for any loss, damage or personal injury suffered by him/her
7. I also agree to bear the cost of any loss or damage caused by my son/daughter which is not covered by insurance

**Signed – parent/carer**

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**Printed Date**

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