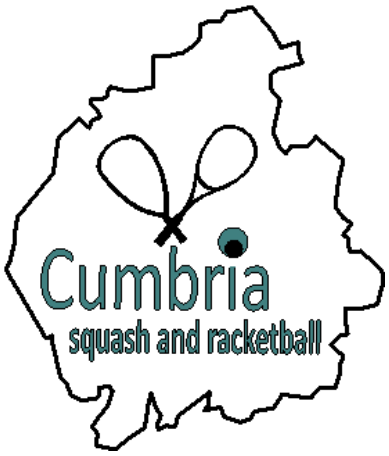

1. Details of squash activity:

_____

_____

_____

From: _____

To: _____

I agree to (Child/Vulnerable Adult's name)

_____

taking part in this activity. I agree to _____'s participation in the activities described. I acknowledge the need for _____ to behave responsibly.

2. Medical information about your child.

a. Does your child/the person you care for have any conditions requiring medical treatment, including any medication they are currently taking? YES/NO If YES, please give brief details:

_____

b. Please outline any special dietary requirements of your child/the person you care for and the type of pain or flu relief medication that they may be given, if necessary.

For residential visits and overseas trips only:-

c. To the best of your knowledge, has your child/the person you care for been in contact with any contagious or infectious diseases or suffered from anything in the last four weeks that may be contagious or infectious?

YES/NO

If YES, please give brief details:

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d. Is your child/the person you care for allergic to any medication? YES/NO. If YES, please specify:

_____

e. When did your child/the person you care for last have a tetanus injection?

_____

I will inform the person in charge as soon as possible of any changes in the medical or other circumstances between now and the specified end of the activity.

3. Photography and Recorded Images

CSR recognises the need to ensure the welfare and safety of all young and vulnerable people in sport. In accordance with our safeguarding policy we will not permit photographs, video or other images of children/young people/vulnerable adults to be taken without the consent of the parents/carers.

CSR will follow the guidance for the use of photographs a copy of which is available on the CSR website

CSR will take all possible steps to ensure these images are used solely for the purposes they are intended. If you become aware that these images are being used inappropriately you should inform CSR immediately.

I (*parent/carer*) consent to CSR photographing or videoing my child/the person I care for's involvement in squash for the period of time shown on this form for the purposes of publicising and promoting the club or sport, or as a coaching aid.

Signed: _____ Date:_____

4. Declaration

I agree to my child/the person I care for receiving medication as instructed and any emergency dental, medical or surgical treatment, including anaesthetic or blood transfusion, as considered necessary by the medical authorities present.

Emergency contact:
_____ (Name)

Contact telephone numbers (incl. national code):

Work: _____

Home: _____

Mobile: _____

E-Mail: _____

Alternative Emergency contact: _____

Contact telephone numbers (incl. national code):

Work: _____

Home: _____

Mobile: _____

E-Mail: _____

Name of your family doctor: _____

Tel: No. _____

Address:

Signed: _____ Date: _____

Full Name (Capitals):

_____

This form must be completed and returned to the County Welfare Officer and retained in a confidential place. The person in charge should take a copy of the form to the activities included within the dates overleaf, but should securely destroy these forms at the end of the activity.