

Surf Life Saving Association of Wales – Appendix 20
Parental / Guardians Consent to Attending Competitions / Events Away From Home & Medical Consent

For the attention of all parents or guardians who have children under the age of 18 attending / competing at away competitions

For the Safety of your Child and to comply with our Duty of Care it is essential that all of the following questions are answered

Please
 attach a
 recent
 photograph

Your child's details and parent / guardian contact details should there be a medical emergency or incident involving your child.		
Club:	MIS Number:	
Name of child:	Date of Birth:	
Postal Address:		
Home Tel Number	Mobile Number 1:	Mobile Number 2:
Emergency details if different from above: (i.e. if you are away from the training session at any time.		
Telephone Numbers		
Welfare Officer to sign to confirm the form has been checked and all necessary information has been provided		
Medical Information <u>Please remember your coaches can only provide FIRST AID</u>		



Does the named child have any medical conditions that we should be made aware of? Please tick	Yes	No
If yes, please state the name of your child's medical condition.		
What medication is your child taking in case of emergencies?		
Do they bring this medication with them during a training session? Please tick	Yes	No
Can they administer it themselves? Please tick	Yes	No
If the answer is NO, they should not be attending at the event as we are unqualified to administer any form of medication.		
Asthma	Yes / No	If yes, what kind of inhaler do they use?
Diabetic	Yes / No	If yes, do they treat with injections, pills or a pump
Hay Fever	Yes / No	If yes, what medication.
Other	Yes /No	Provide information
Behavioural Information		
Behavioural Oppositional Defiant Disorder (ODD) Conduct Disorder (CD)	Yes / No	Please give details of any behavioural disorders



Attention Deficit Hyperactivity Disorder (ADHD) Mental Health Issues		
Are they receiving support or counselling that the club and coaches should be made aware of to further support the work of any such medical practitioner or counsellor during a training session?		
Other health issue, behavioural issue or anything that you would like to bring the clubs attention? Please tick	Yes	No
Please provide any information you feel would help us with regards to your son or daughters wellbeing information to ensure they are not disadvantaged at the club.		
Dietary Information		
Food Allergies:	Yes / No if yes please give details	
Gluten Free	Yes / No - if yes please give details	
Dairy Intolerance	Yes / No – if yes please give details	
Vegetarian	Yes / No	

INFORMATION FOR PARENT'S / GUARDIANS / CARERS.

- At some organised events and competitions, each club provides their own designated Safeguarding Officer / nominated Safeguarding person who will be responsible for the welfare of their own club members or team.
- Each club should know the standard of fitness and the medical conditions of their members.



- The nominated Club Safeguarding Officer / nominated Safeguarding person must have accurate medical and contact information to hand.
- The Club Safeguarding Officer / nominated Safeguarding person will work under the direction of SLSA Wales Lead Safeguarding Officer and Health & Safety Lead.
- All forms and medication are to be held by Club Safeguarding Officer / nominated safeguarding person for Emergency Situations **correctly labelled** for the recipient.
- Forms are to be signed by Parent/Guardian for each child / youth attending at the above named event and kept to hand by the Club Safeguarding Lead or nominated safeguarding person.

I _____ Parent / Guardian (please print name)

confirm that I am happy for my child

Child's Name:

To attend at the event and I have accurately completed the medical form informing the club nominated safeguarding lead present during the time of this event of my child's / youth's medical history. I accept and understand the risk factor and do not know of any reason as to why he/she/they cannot attend. I confirm that all the details are correct to the best of my knowledge and give parental consent for my child/children to participate in and travel to all activities.

Please use a separate form for each child

Parent/Guardian of (please print name of child / children)	
Signed By Parent /Guardian (Print Name)	
Signed By Parent /Guardian (Signature)	
Received by nominated Club Safeguarding Officer / nominated safeguarding lead	Please print name

Thank you for your assistance in completing this form and for helping us to safeguard your children

SLSA Wales Child Protection Policy 2023 - Version controlled V5 4/10/2020

