



Trip & Medical Consent Form for Players

Anything written on this form will be held in confidence. Our coaches/team captains need to know these details in order to meet the specific needs of your child.

I give permission for my child to attend the trip for training/competition.

DATE OF BIRTH: MALE/FEMALE (Please circle)

NAME AND TEL OF G.P.

CHILDS MEDICAL NUMBER.....

DETAILS OF ANY KNOWN ALLERGIES, CONDITIONS, MEDICATION BEING TAKEN:

.....

ANY OTHER SPECIAL NEEDS, REQUIREMENTS OR DIRECTIONS THAT WOULD BE HELPFUL FOR THE COACHES/MANAGERS TO KNOW ABOUT:

.....

I will inform the coaches of any important changes to my child's health, medication or needs and also of any changes to our address or phone numbers given.

In the event of illness, having parental responsibility for the above named child, I give permission for medical treatment to be administered where considered necessary by a nominated first aider, or by suitably qualified medical practitioners. If I cannot be contacted and my child should require emergency hospital treatment, I authorise a qualified medical practitioner to provide emergency treatment or medication.

I have been made aware that Ratoath Tennis Club has adopted the safeguarding policy developed by Tennis Ireland and they are committed to ensuring the safety of my child by having;

- Codes of conduct for (1) Coaches/Volunteer Leaders (2) Children (3) Parents/Guardians
- Clear recruitment policy which includes vetting all coaches & volunteers
- A transport policy
- An anti-bullying policy
- Disciplinary procedures
- A designated person for safeguarding
- Guidelines on confidentiality
- A photography policy.

Ratoath Tennis Club is committed to ensuring that any information gathered in relation to our youth programme meets the specific responsibilities as set out in the Data Protection (Amendment) Act 2003 and the GDPR Act. The Trip Administrator will retain the above information for one year from the end of this trip. This information will be shared with relevant coaches and supervisors travelling as well as the relevant Child Safeguarding Officer, Trip Administrator and if necessary, the Tennis Ireland National Children's Officer. If issues arise this information may also be shared with other bodies such as the Gardai, TUSLA, PSNI, the NSPCC or medical practitioners.

I confirm that all details are correct to the best of my knowledge and I am able to give parental consent for my child to participate in & travel to all activities.

Child/Young Persons Signature PRINTED NAME

Parent/Guardian Signature*PRINTED NAME

Please return this form to Ratoath Tennis Club

*Please note that the person signing the parent/guardian section must ensure they have parental responsibility for the child.