

Wasps Rugby Parental / Legal Guardian / Carer Consent Form

Name of rugby player:		Date of Birth:	
Establishment/school: Earlston HS Melrose Rugby Wasps Rugby Club		Rugby leader: Rugby Coach /school teacher of year group	
Details: This registration form covers all training and matches played by your child (as well as travel), as part of the Wasps Rugby programme. Please note away match travel is by coach, minibus or car (driver will be a parent or teacher with business insurance).		Date/s: Season 2019-2020 (August 19 to May 20)	
Additional information will be provided by: Lead coach for your team.		Parents meeting (date): 25 August 2019	
This form should be printed off and handed in along with payment at Wasps Registration Day on Sunday 25 August 2019			

Part 1: Additional support and/or medical information. (To be read and completed by parent/legal guardian.)

Having been supplied with information regarding the Wasps Rugby Club, does your child have any illnesses, injuries, specific additional support needs, specific dietary needs or medical factors (such as asthma, allergies, phobias, vision/hearing impairments, recent illness/injury, contact with contagious or infectious disease in last 4 weeks) that should be brought to the attention of the rugby leader? Yes ☐ No ☐

If yes please give brief details and significance.	Details:		
When did your child last receive an 'anti tetanus' injection?	Date:		
Name of GP:	Tel no:	Address of GP:	

During the time between the start of the season and the end of the season, if the status of my child's health changes, I will bring this to the attention of the rugby leader. I understand I should inform the rugby leader in writing as soon as possible, up to and including the day of the excursion, clearly identifying the name and date of birth of my child and the nature of the change. I understand that if I do not inform the rugby leader this may compromise my child's participation in this activity.

Administration of prescribed medication request.

Will your child require to have prescribed medication issued during the rugby season?

Yes ☐ - please complete details below. No ☐ - please go to Part 2.

REQUEST FOR PRESCRIBED MEDICATION TO BE ISSUED DURING THE ACTIVITY

I request that my child be given the following medication during the season. The medication below has been prescribed by the family or hospital doctor. It is clearly labelled indicating contents, dosage, expiry date and child's name in full.

I understand that the medication will be administered to the above named student and accept that this is not a service that the school or rugby club is obliged to undertake.

It is the parent's responsibility to ensure that there is sufficient medication available and that it is in date. If the activity is abroad it is recommended that the parent supply an extra 48 hours medication. GP's should be consulted if there is any doubt about how much extra should be taken.

Name of Medication	Date Prescribed	Duration of Course	Dose Prescribed	Time(s) to be given

Note: Medication will not be accepted by the club for administration during the activity unless this form is completed and signed by the parent or legal guardian of the child and the administration of the medications are agreed by the EHS Head-teacher. The Head-teacher reserves the right to withdraw this service.

Part 2: Communication during excursion.

In the event of a change to arrangements, such as a delayed return or unplanned event, please supply two contacts, one of which must be parent/legal guardian/carer, plus an alternative contact in the event you cannot be reached.

Parent/legal guardian/carer details.	
Name: Address:	
Mobile:	Landline with area code:
Alternative contact details:	
Name:	Relationship to young person:
Mobile:	Landline with area code:

These numbers will be retained by the Wasps rugby coaches/school teachers for the duration of the season. The database will be administered by the Wasps secretary.

Part 3: Parental consent. To be completed and signed by parents/legal guardians/carers.

I have received, read and completed all parts of this form (EV2) and note the details of the activity, any travel involved and the summary of foreseeable risks plus all other excursion information provided. I note there is insurance available through The Scottish Rugby Union that is detailed on their website, but I am also obliged to seek my own cover if I want to increase the insurance cover I need for my child. I agree with the behaviour standards that the Wasps Rugby Club adopts. I note that in the event of any medical emergency the rugby leader will be responsible for ensuring my daughter/son is provided with appropriate medical attention and I agree to my daughter/son receiving such emergency medical treatment, including anaesthetic, as considered necessary by the medical authority consulted.

I agree to my daughter/son (name) taking part in the Earlston HS-Melrose Rugby Club matches, training and travel outlined on page 1 and her/his full participation in the activity described.

Name **Signature** **Date**

I do not agree to my daughter/son being photographed or videoed when taking part in the Wasps Rugby activities. These images can be shared on the Earlston HS or Melrose Rugby Facebook page or Twitter accounts.

Name **Signature** **Date**

Please ensure that this EV2 form is fully completed and handed in along with the player's registration form and payment. Only once all forms are completed and returned will your child be able to play in any future fixture matches.

Thank you
Wasps Rugby