



# Parents/Carers Consent Form for Overnight stay/Travel within UK or EU Countries

Player's Name: \_\_\_\_\_

Event: \_\_\_\_\_ Venue: \_\_\_\_\_

Dates: \_\_\_\_\_ to \_\_\_\_\_

I confirm that I have received the details of the above activity and consent to my child taking part. I acknowledge that the club will be liable in the event of any incident only if they have failed to take reasonable steps in their duty of care for my child during the trip. I understand that the staff/volunteers have a common law duty to act in the capacity of a reasonably prudent parent/carer.

Details of any medical condition, allergies, medical or special requirements needed by my child. I agree that this information can be passed on if required but only if this is in the best interests of the child.

**What types of pain/cold or flu medication may be given?**

**Please provide any special dietary requirements**

Print Parents/Cares Name: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_

Emergency Contact Numbers:

Home Phone: \_\_\_\_\_ Mobile Phone: \_\_\_\_\_

Relationship to the Child: \_\_\_\_\_

**This consent will be valid for one year from the date of signing and will be in force for any subsequent overnight/trips and travel in the UK or EU Countries before its expiry date.**