

The Scottish Karate Governing Body Limited

Partnership with Parents/Carers Form - Template

[Association or club name] values the involvement of children in our sport. We are committed to ensuring that all children have fun and stay safe whilst participating in **karate**. To help us fulfil our joint responsibilities for keeping children safe **[Association or club name]** has good practice guidelines that coaches are expected to follow. These Guidelines tell you what you can expect from us when your child participates in **karate**.

This form details the information we need from you to help us keep your child safe. All information will be treated with sensitivity, respect and will only be shared with those who need to know.

Child's Name:	Date of Birth:
Address:	Tel No:
Postcode:	
Emergency Contact Name:	Emergency Contact Tel No:
Relationship to Child:	
Late Collection Contact:	Contact Tel No:
Relationship to Child:	
Name of GP:	Tel No of GP:
Address of GP:	
Postcode:	

A. GENERAL & MEDICAL INFORMATION

Please complete the following details. If none, please state "none".

- Does your child have a disability/medical condition that will affect their ability to take part in sport?
If yes, please give details:
- Does your child take any medication? If yes, please give details: Name of medication, purpose of medication and dosage.
- Does your child have any existing injuries (include when injury sustained, and treatment received)?
If yes, please give details:

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4. Does your child have any allergies, including medication, food, or other substance? If yes, please give details:

5. Is there any other relevant information which you would like us to know about your child? (e.g. access rights, disabilities, etc)

B. CONSENT – MEDICAL TREATMENT

I consent / I do not consent (delete as appropriate) to my child receiving medical treatment, including anaesthetic, which the medical professionals present consider necessary.

C. CONSENT – TRANSPORTATION OF CHILDREN

I consent / I do not consent (delete as appropriate) to my child being transported by persons representing **[Association or club name]** for the purposes of taking part in **karate**.

I understand **[Association or club name]** will ask any person using a private vehicle to declare that they are properly licensed and insured and, in the case of a person who cannot so declare, will not permit that individual to transport children.

D. CONSENT - PHOTOGRAPHS AND PUBLICATIONS

Your child may be photographed or filmed when participating in **karate**.

I consent / I do not consent (delete as appropriate) for my child to be involved in photographing/filming and for information about my child to be used for the purposes stated in **[Association or club name]** Good Practice Guidelines 'Procedure for Use of Photographs and Video'.

E. CONSENT – CONTACT INFORMATION

[Association or club name] may contact your child from time to time via email, text or social media messaging apps.

I consent / I do not consent (delete as appropriate) for my child to be contacted via email, text or social media messaging apps for the purposes stated in **[Association or club name]** Digital Communications and Social Media Guidelines.

I do / do not (delete as appropriate) wish to be copied into these messages.

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F. CONSENT – SIGNATURE

1. I agree to work in partnership with **[Association or club name]** to promote my child's safe participation in **karate**.
2. I am aware of **[Association or club name]** Code of Conduct and Child Wellbeing and Protection Policy and Procedures.
3. I undertake to inform **[Association or club name]** should any of the information contained in this form change.

Parent/Carer's Signature: _____
(Please state relationship to child if not parent)

Date: _____

Print Name: _____