

Parental/Carer Consent Form for Rugby Tour

Copy to be taken by tour/team manager and copy to be retained by Home Contact.

Name of young person _____ Date of birth _____

Dates of tour _____

Emergency contact name _____

Relationship to young person _____

Home address _____

Tel home _____

Tel work _____

Mobile _____

- I have received comprehensive details of the above tour and am aware of the RFU Policies and guidelines in relation to tours.
- I consent to my child taking part in the activities indicated.
- I agree to be at the pick-up/drop off point at the agreed time.

Signed – parent/carers _____

Printed _____

Date _____

Medical information

1. Does your child experience any conditions requiring medical treatment and/or medication?

Yes No

If yes please give details;

2. Does your child have any allergies?

Yes No

If yes please give details;

3. Does your child have any specific dietary requirements?

Yes No

If yes please give details;

4. Please provide any further information you feel is necessary

- I confirm to the best of my knowledge that my son/daughter does not suffer from any medical condition other than those detailed.
- I consent to my child receiving medical treatment which in the opinion of a qualified medical practitioner may be necessary.

Signed – parent/carers _____

Printed _____ Date _____