

## Example Consent Form

Personal Details		
Name		
Address		
Tel	Mob	
Date of Birth		
Parent's / Guardian's Name		
Additional person to contact in an emergency		
Relationship	Tel	Mob
Medical Details		
Any health problems or disabilities e.g. Asthma / Epilepsy / Diabetes etc. .....		
Do you use Ventolin or Salbutamol		
		Yes / No
I give permission for my child to be taken to hospital and treated in my absence if it is necessary and CSP have been unable to contact me immediately.		
Child's Name .....		
Parent / Guardian's Name.....		
Signature of Parent / Guardian.....		
Signature of Player.....		Date.....
Transportation		
I give permission for my child to be transported to and from ..... , and other events organised by the CSP.		
Child's Name .....		
Parent / Guardian's Name .....		
Signature of Parent / Guardian .....		
Signature of Player .....		Date .....
Parent / Guardian : I have read the attached copy of the code of conduct.		
Signature .....		
Videoing & Photography		
I give / do not give permission to the photographing / videoing and publication of images of my son / daughter in line with the CSP Child Protection Procedures and Best Practice Guidelines.		
Images may be published in / on..... (e.g. Sports Partnership Magazine / Calendar / Website)		
Child's Name .....		Parent / Guardian's Name .....
Signature of Parent / Guardian .....		
Signature of Player .....		Date .....