

## Appendix 8

### Sample Parental/Guardian Consent Form

(All information received in this form will be treated confidentially)



Anything written on this form will be in confidence. Our coaches need to know these details in order to meet the specific needs of your child.

I give permission for my child to attend training and other boxing related events/activities:

<b>Child's full name:</b>	
<b>Address:</b>	
<b>Home Tel No.</b>	
<b>Age of Child:</b>	
<b>Date of Birth:</b>	
<b>Gender:</b>	
<b>Name of friend or relative attending club/event:</b>	
<b>Emergency Tel No:</b>	
<b>If unavailable Provide alternative telephone number:</b>	<b>Name:</b> <b>Tel Number</b> <b>Relationship to child:</b>
<b>GP/Doctors Name:</b>	
<b>GP/Doctors Tel No:</b>	
<b>Details of any known special dietary requirements/allergies/medical conditions:</b>	
<b>Any other special needs requirements, directions, that would be helpful for the coaches to know about:</b>	

## **Medical Information**

Is your child currently taking any form of medication?

**Yes / No**                      If yes, please give details.

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Does your child need to be in possession of or need to be able to administer medication while participating in sport or other activities? **Yes / No**

Can your child administer this medication without assistance? **Yes / No**

In the case of an emergency, coach/volunteer will do everything possible to contact the Parent/Guardian. However, in the event that contact cannot be made, I authorise the certified First Aid person and/ or leader in charge to give constant for any medical treatment on my / our behalf...Please circle:

**'AGREE'**                      **'DISAGREE'**

Any other particular needs, requirements, directions, that would be helpful for the coaches to know about:

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I will inform the coaches of any important changes to my child's health, medication or needs and also of any changes to our address or phone numbers provided.

In the event of illness, having parental responsibility for the above-named child I give permission for medical treatment to be administered where considered necessary by a nominated first aider, or by suitably qualified medical practitioners. If I cannot be contacted and my child should require emergency hospital treatment, I authorise a qualified medical practitioner to provide emergency hospital treatment, I authorise a qualified medical practitioner to provide emergency treatment or medication.

**Details of any dietary requirements (vegan/vegetarian):** \_\_\_\_\_

**I have been made aware that the IABA has developed a Safeguarding policy and they are committed to ensuring the safety of my child by having:**

- **Code of Conduct**
- **Clear recruitment policy which includes vetting checks for coaches & volunteers**
- **A transport guideline**
- **A photography/Filming policy**
- **Disciplinary procedures**
- **A Governing Body and level Children's Officer**

## **Data Protection**

The **IABA and our clubs** are committed to ensuring that any information gathered in relation to our youth squads meets the specific responsibilities as set out in the Data Protection legislation.

The **IABA** coach officer will store the above information on their youth database for a maximum of 12 months before re-registering the boxer if still associated with the club.

**Photographs/Filming**

In accordance with our safeguarding policy we will not permit photographs, video or other images of young people to be taken without the consent of the parents/guardian and children.

**IABA** will take steps to ensure these images are used solely for the purposes they are intended. If you become aware that these images are being used inappropriately you should inform the IABA Children's Officer immediately.

By signing this form, I consent to the photographing or videoing of my child.

**Drug testing (For Elite Athletes)**

I give permission for my child to be tested for prohibited substances in accordance with the Sport Ireland or Sport NI Anti-Doping Rules.

I confirm that all details are correct to the best of my knowledge and I give parental consent for my child to attend and participate in all boxing activities (training, competition and travel). I will inform the coaches of any important changes to my / my child's health, medication or needs and also of any changes to our address or phone numbers given.

**Name of Child** \_\_\_\_\_

**Child's Signature** \_\_\_\_\_

**Signature of Parent/Legal Guardian** \_\_\_\_\_

**Parent/Legal Guardian - Print Name**

**Date**

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