

## FORM 9: SAFE IN CARE- EKRFC PARTNERSHIP WITH PARENTS

EKRFC values the involvement of children in our sport. We are committed to ensuring that all children have fun and stay safe whilst participating in rugby.

To help us fulfil our joint responsibilities for keeping children safe EKRFC has introduced Safe in Care Guidelines. These Guidelines tell you what you can expect from us when your child participates in rugby and details the information we need from you to help us keep your child safe.

We need you to complete this form at the start of every season and to let us know as soon as possible if any of the information changes. All information will be treated with sensitivity, respect and will only be shared with those who need to know e.g. a team manager or first aider.

**NAME OF CHILD:**

**DATE OF BIRTH:**

### **A. TRANSPORTATION OF CHILDREN**

I consent / I do not consent (delete as appropriate) to my child being transported by persons representing EKRFC or one of its individual members or affiliated clubs for the purposes of taking part in rugby.

I understand EKRFC 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.

**SIGNED:**

**DATE:**

### **B. PHOTOGRAPHS AND PUBLICATIONS (INCLUDING WEBSITE)**

Your child may be photographed or filmed when participating in rugby. All reasonable steps will be taken to obtain parental consent *In the absence of any explicit objection, those responsible will act in the best interests of the child which may include assuming parental agreement for the above reasons.*

***Please delete as appropriate:***

I GIVE my permission for my child to be involved in photographing/filming and for information about my child to be used for the purposes stated in EKRFC Safe in Care Guidelines.

I DO NOT GIVE my permission for my child to be involved in photographing/filming and for information about my child to be used for the purposes stated in EKRFC Safe in Care Guidelines.

**SIGNED:**

**DATE:**

I am aware of the Safe in Care Guidelines for rugby and agree to work in partnership with EKRFC to promote my child's safe participation in rugby.

I understand EKRFC will listen to the views of my child in relation to all matters affecting them and require to respect my child's ability to give their own informed consent.

**Parent's Signature:**  
**(Please state relationship to child if not parent)**

**Date:**

**EKRFC Representative:**

**Date:**

**C. MEDICAL INFORMATION and CONSENT**

**Name of child:** \_\_\_\_\_

**Date of Birth:** \_\_\_\_\_

**Home address:** \_\_\_\_\_

**Telephone:** \_\_\_\_\_

**Name of Emergency Contact:** \_\_\_\_\_

**Contact:** \_\_\_\_\_

**Telephone Contact:** \_\_\_\_\_

**Relationship to Child:** \_\_\_\_\_

**Name of General Practitioner:** \_\_\_\_\_

**Address of GP:** \_\_\_\_\_

**GP Telephone Contact:** \_\_\_\_\_

**Contact:** \_\_\_\_\_

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

1. Any pre-existing medical conditions that may affect the child's participation in rugby:
  
2. Any medication or treatment required:
  
3. Any existing injuries (include when injury sustained and treatment received):
  
4. Allergies, including allergies to medication:

**TO BE COMPLETED BY PARENT**

I consent to my child receiving medical treatment, including anaesthetic, which the medical professionals present consider necessary.

I undertake to inform EKRFC should any of the information contained in this form change.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Print Name:** \_\_\_\_\_ **Relationship to Child:** \_\_\_\_\_