

# PARENT / CARER CONSENT FORM (F5)



**PARTICIPANT DETAILS (PLEASE PRINT CLEARLY)**

<b>Sporting Activity (excluding swimming):</b>	<b>Date Consent Form Covers from:</b>
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**Sporting Activity (swimming sessions / lessons only):**

Please tick appropriate session:  
 Junior lessons       Parent and toddler       Intensive swimming course

Please state any previous swimming badges or experience:

Please state if any siblings attend lessons. If yes, please provide name, day and time of lesson:

<b>First Name:</b>	<b>Last Name:</b>
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<b>Age:</b>	<b>Date of Birth:</b>
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**Home Address:**

<b>Postcode:</b>	<b>Email:</b>
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<b>Emergency Contact Number 1:</b>	<b>Emergency Contact Name &amp; Relationship 1:</b>
<b>Emergency Contact Number 2:</b>	<b>Emergency Contact Name &amp; Relationship 2:</b>

<b>School:</b>	<b>Doctor's Name:</b>
	<b>Doctor's Surgery Address:</b>

**MEDICAL INFORMATION** (please continue overleaf if necessary)

Medication (NB if your child has asthma they must bring their blue inhaler with them), allergies, dietary/special requirements/access issues/disability etc:

**EQUAL OPPORTUNITIES**

Dudley Council are committed to a policy of ensuring equality of opportunity in sport and to taking action to avoid discrimination. To see if this is having any effect, the identity, age, ethnic origin and disabilities of all participants is monitored. You are therefore requested to provide the monitoring information outlined below.

**TITLE / GENDER IDENTITY** (please state how your child would like to be identified).....  
 Do not wish to disclose:

**ETHNIC ORIGIN**

**Please tick the box which best reflects your child's origin:**

Asian or Asian British:       Black or Black British:       Chinese or Other:   
 Mixed:       White:       Do not wish to disclose:

**DISABILITY**

The Equality Act 2010 defines a disabled person as anyone with a 'physical or mental impairment that has substantial and long-term effect upon his/her ability to carry out normal day to day activities'.

**Do you consider your child to have a disability?** Yes:  No:  (If no, please go to consent statement)

**What is the nature of the disability?**.....

Is there anything your child needs additional help or support with?.....

Please advise if there is any activity that your child is not able to participate in or you would not wish them to engage in.....

Please give as much information as possible regarding your child's condition. The more information we have the better we can cater for their needs:

**What services does your child access?** Speech & language therapy Yes:  No:

Physiotherapy Yes:  No:  Occupational therapy Yes:  No:

Physical & Sensory Service (Access & Inclusion Division) Yes:  No:

Does your child have an individual risk assessment for PE & sport at school? Yes:  No:

If yes, do you consent to us having a copy of the individual risk assessment Yes:  No:

Is there any additional information regarding your child you feel maybe useful.....

How does your child's condition affect their ability to participate in sport and physical activity? Please give us as much information as possible. This will not prevent them taking part but will help us provide the best service we can appropriate to your child's needs .....

**CONSENT STATEMENT**

I consider him/her capable of taking part in the sports activity apart from any exceptions noted above. I have completed the medical details and consent that in the event of any illness/accident, any necessary treatment can be administered to my child by an appropriately trained person. If at any time any of the above information changes I agree to inform you as soon as is reasonably possible.

Parent/Carer Name: .....Relationship to Child.....

Parent/Carer Signature: ..... Date.....

**DATA PROTECTION**

The information that you provide today will only be used to deliver the service you need or meet a requirement. If you require further information, a detailed privacy note can be found on our website at [www.dudley.gov.uk](http://www.dudley.gov.uk).

Please tick the box if you wish to be informed of future offers or promotions regarding this service.   
For future information regarding the use of your data please contact 01384 812921.

**CENTRE USE ONLY:**

**Gladstone Updated**

**Staff Name and Date**