



.....

Schools' Football Association INFORMATION and CONSENT FORM

Season: _____ / _____

Personal Details

Name of child:

Date of Birth:

Age at start of season:

Home address:

Home phone number:

Carer's mobile phone number:

Carer's email address:

If the child is not living with parents please clarify the legal status of the child and his/her carers.

It is important that you fill in the rest of this form as fully as possible. Failure to tell us things could mean the safety and welfare of your child is compromised. The Association cannot be held responsible if information has not been shared.

Health Needs

Does your child have any known health needs? E.g diabetes, asthma, epilepsy, allergies?

YES / NO

If YES please complete the section below

Current Medication

Name:

Dose / Frequency:

What does the Association need to do to help keep your child well e.g. administer planned medication/call ambulance/give snacks? Please be very specific.

Do Association members need any medical training other than First Aid to care for your child? If YES please specify.

Does your child have any access needs? If YES please tell us what we need to do to help him/her.

Communication

Does your child have any communication needs e.g. non-English speaking/hearing impairment/sign language user/dyslexia. If YES please tell us what we need to do to enable him/her to communicate with us?

Religion and Culture

Does your child participate in religion or spiritual practice? Please tell us what it is?

What do we need to know to ensure your child's preferences/needs are met e.g. are there any dietary guidelines/dress codes we need to follow or support?

Images

At times the Association may wish to take photos or videos of the team or individuals in it. We adhere to the ESFSA/FA Guidelines to ensure these are safe and respectful and used solely for the purposes for which they are intended, which is promotion and celebration of the activities of the Association and for training purposes.

Please indicate if this is acceptable to you?

YES / NO

If you have any additional information which you wish to share with the Association, please contact the Association's Welfare Officer

Travel

Arrangements will be made to collect and return your child to specific pick-up points. The Association's responsibilities stops and starts at these points. It is your responsibility to arrange safe travel to and from the pick-up points. If you are ever delayed in collecting your child, please make every effort to contact the Association Contact or the escorting helpers so we can discuss arrangements for your child.

Non-Football Activities

There may be occasions when your child is involved in planned and structured non-football activities such as bowling or participating in a fund-raising event. The Association will have collected appropriate information in preparation for the activity (e.g. about the journey, the children's various needs and helpers' skills), identified any potential risks and dangers, minimised the risks and dangers by careful planning and precautions and made sure we know who is responsible for putting precautions into place (e.g. who will carry the First Aid Kit). This process is called a Risk Assessment.

Remote Supervision

There may be occasions when your child is involved in planned and structured un-supervised non-football activities (e.g. shopping trips) whilst on tour. Players will only be permitted to participate in these activities if it is considered appropriate to do so. You will be informed prior to the event if any form of remote supervision will take place for such activities and the nature of these activities.

Consent of Legal Carer

I give consent for my son/daughter to participate in
Schools' Football Association's events and agree to the conditions outlined above. I accept that it is my responsibility to inform the Association directly of any changes to the details recorded on this form.

Signed (Legal Carer):

Please print name:

Date: ____/____/20____

Player's Consent

If you are over 11 years of age, sign SECTION A
If you are under 11 years of age, sign SECTION B

SECTION A

I agree to participate in _____ Schools' Football Association's events as detailed above and agree to adhere to guidelines and/or Codes of Conduct that may be issued on the interest of my own safety.

Signed (Player): _____

Please PRINT name: _____

Date: ____/____/20____

SECTION B

I will take part in (..... Association activities) and will stick to the Association's Rules.

I will tell the coach or another person if I do not feel well or if I have any worries

Signed (Player):

Please PRINT name:

Date: ____/____/20__