



# Oxford University Tennis Club

## Parent Consent Form

### 1. Details of Tennis activity:

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From (date): \_\_\_\_\_

I agree to (Child's name) \_\_\_\_\_

taking part in this activity. I agree to \_\_\_\_\_'s participation in the activities described. I acknowledge the need for \_\_\_\_\_ to behave responsibly.

### 2. Medical information about your child.

Any conditions requiring medical treatment, including medication? YES/NO If YES, please give brief details:

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Please outline any special dietary requirements of your child and the type of pain or flu relief medication that your child may be given, if necessary.

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Is your child allergic to any medication? YES/NO.

If YES, please specify:

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When did your child last have a tetanus injection? \_\_\_\_\_

### 3 Photography and Recorded Images

Oxford University Tennis Club (OUTC) recognises the need to ensure the welfare and safety of all young people in sport. In accordance with our child protection policy we will not permit photographs, video or other images of children/young people to be taken without the consent of the parents/carers and children/young people.

OUTC will follow the guidance for the use of photographs, a copy of which is available from the Club Professionals.

OUTC will take all possible 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 OUTC immediately.

I consent to Oxford University Tennis Club photographing or videoing my child's involvement in Tennis for the purposes of publicising and promoting the OUTC or the sport, or as a coaching aid.

#### Parent/Carer

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

#### Child

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

## 4 Declaration

I agree to my child receiving medication as instructed and any emergency dental, medical or surgical treatment, including anaesthetic or blood transfusion, as considered necessary by the medical authorities present.

Emergency contact: \_\_\_\_\_ (Name)

Contact telephone numbers (including national code if needed):

Work: \_\_\_\_\_ Home: \_\_\_\_\_

Mobile: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Alternative Emergency contact: \_\_\_\_\_

Work: \_\_\_\_\_ Home: \_\_\_\_\_

Mobile: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Name of your family doctor: \_\_\_\_\_

Tel: No. \_\_\_\_\_

Address:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**I agree to inform the Club Professionals as soon as possible of any changes in medical or other details contained within this form.**

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Full Name (Capitals): \_\_\_\_\_

**This form must be completed and returned to the Club Professionals at OUTC.  
It will be retained in a confidential place.**

