

**PERMISSION TO ATTEND DRUMMOND LAWN TENNIS CLUB JUNIOR COACHING PROGRAMME AND EMERGENCY MEDICAL AUTHORISATION FORM**

**I hereby give permission** for *(insert name of junior member here)* ..... to take part in the junior coaching scheme. The following information is provided for the benefit of my child, and to enable the coaches to help them should the need arise.

**Contact Details:** My address and telephone number for contact purposes will be:-

**Address**.....**Telephone Number**.....

**Mobile Number**..... **Email:** .....

Thank you for completing this form. Your personal data will be processed by the Club for the purposes of club and membership administration and to facilitate your participation in coaching programmes etc. Further details are available in our privacy policy which can be found on our website: [www.drummondltc.co.uk](http://www.drummondltc.co.uk).

**MEDICAL DETAILS**

**(N.B. The following information will be treated with total confidentiality on a need-to-know basis only.)**

Does your child suffer from any of the following?  
Asthma, other chest complaints, wheezing, hay fever, migraine, fits or faints, diabetes, nose bleeds or any other illness or disability which we should be aware of *(please underline any conditions which apply)*  
**Yes / No** If yes please give details *(continue on separate sheet if necessary)*

.....  
Has your child ever suffered from an anaphylactic fit or reaction, e.g. to nuts? **Yes / No**  
If “Yes” please give details and state whether or not they will be carrying an injection or epipen.

.....  
Does your child have any other allergies (e.g. to foods or insect bites) ? **Yes / No**  
If “Yes” give brief details

.....  
**I hereby give my general consent** to my child being given first response/first aid treatment to abrasions, minor cuts, burns, etc. The following treatments are carried in our First Aid Kit, please delete any items that you do not wish to be used.  
1. Savlon 2. Antihistamine Cream 3. Antiseptic wipes 4. Fabric Plasters 5. Waterproof plasters 6. Sterile dressings 7. Waspeeze

I give permission for the above undeleted items to be self administered (where appropriate) by my child, under the supervision of the coach.

Should it become necessary for my son/daughter to receive medical treatment **and only if I cannot be contacted by telephone and any other available means to provide the necessary authority**, I hereby give my general consent to any necessary medical/hospital treatment to be given and authorise the coaches/first aider to sign, on my behalf, any document required by the medical authorities in order for them to give effective treatment to my child.

I understand that the coaches have the right to send participants home should it become necessary for any reason, including behaviour. I agree either to provide the necessary transport **OR** meet all extra costs incurred by effecting such a decision.

**I have read and completed the above statements and understand the arrangements that apply. I give permission for my child to take full part in the coaching sessions.**

**Signature:** ..... Parent / Guardian [on behalf of both parents] **Date:**.....

Please note: Drummond LTC cannot accept responsibility for the personal equipment/clothing and effects of members.

**DRUMMOND LAWN TENNIS CLUB**  
**PARENTAL/CARER PERMISSION FORM FOR THE USE OF**  
**PHOTOGRAPHS OF YOUNG PERSONS**

This form is to be signed by the parent or legal guardian of a child or young person under the age of 18.

Please note that if you have more than one child under the age of 18 registered with Drummond LTC you will need to complete separate forms for each young person.

Drummond LTC recognises the need to ensure the welfare and safety of all young people. As part of our commitment to ensure the safety of young people we will not permit photographs of young people to be taken or used without the consent of a parent/carer of the young person.

Drummond LTC will take steps to ensure that any images are used solely for the purposes for which they are intended, namely as part of a tennis coaching programme and, on occasion, the promotion and celebration of the activities of the Club.

If at any time the parent/carer wishes the photographs to be removed, 7 days' notice must be given to the Club Welfare Officer, after which time the data will be removed.

**PHOTOGRAPHY CONSENT FORM**

I CONSENT TO DRUMMOND LTC TAKING PHOTOGRAPHIC IMAGES OF MY CHILD FOR THE STATED PURPOSES AND UNDER THE STATED RULES AND CONDITIONS.

I CONFIRM THAT I HAVE LEGAL PARENTAL RESPONSIBILITY FOR THIS CHILD AND AM ENTITLED TO GIVE THIS CONSENT.

Child's Name			
Parent/Carer's Name			
Signed		Date	
Relationship to Child			
Address			

Full Details of Parent/Guardian if additional/different from above

Name			
Address			
Contact Nos	Mobile		
	Home		
	Work		
Email			

**Please return this form to David at 45 Leicester Road, Wanstead, London, E11 2DW**