



Trips & Tour Consent Form¹

For Overnight Trips and Travel Abroad

This form should be completed and signed by the parent² of a child or young person under the age of 18.

Anything written on this form will be held in confidence. Relevant information will be shared with supervising adults and medical professionals as needed in order to meet the needs of your child.

General Details

Dates of Tour	
Player's Name	
Player's Date of Birth	
Emergency Contact (Name, contact details & relationship to player)	

(To be completed if applicable) As I am unable to attend the tour/overnight trip, I am nominating the following person to act 'in loco parentis'. They have signed their agreement to do so.

Name of Nominated Person	
Signature of Nominated Person	
Date	

I give permission for the player named above to attend the tour/overnight trip with the club as detailed above. I confirm that I have legal parental responsibility for this child.

Parent's Name	
Parent's Signature	
Date	

¹ Updated July 2025

² We use the term **parent(s)** when referring to someone who has legal parental responsibility for a child, this includes guardians and carers too

Player Medical Details/Additional Needs

Player's Name	
Player's Date of Birth	
Emergency Contact	
Medical conditions	
Known Allergies	
Additional needs (including accessibility and/or dietary requirements)	
Anything else we need to know in order to support the player?	

Medication (for information & to pass on to medical professionals in case of an emergency, no responsibility will be assumed by the club/supervising adults to administer medication)

Name	Dosage	Time(s) Taken

I will inform the tour organiser of any changes to the above information especially in relation to my child's health, medication or needs. I will inform the tour organiser of any changes to the emergency contact number given.

In the event of illness, having parental responsibility for the above-named child, I give permission for medical treatment to be administered where considered necessary by a nominated first aider or suitably qualified medical practitioners. If I cannot be contacted and my child should require emergency hospital treatment, I authorise a qualified medical practitioner to provide necessary emergency treatment or medication.

Parent's Name	
Parent's Signature	
Date	

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