



# Irish Women's Bowling Association Parental/Guardian Consent Form

Information on this form will be held in confidence

I give permission for ..... to participate in the  
..... on the .....

**Venue** .....

**Team Manager** ..... **Mobile No.** .....

**Designated Safeguarding Officer** .....

Full Name		
Address		
Home Tel No.		Parents Mobile No.
Date of Birth		Age
Additional Emergency contact	Name	Mobile No.
	Relationship	
GP/Doctor's Name		Telephone No.
Details of any known special dietary requirements/allergies/medical conditions		
Any other special needs, requirements, directions, that would be helpful for the team manager to know about		

I will inform the Coaches/Designated Safeguarding Children Officer of any important changes to my child's health, medication or needs, and also of any changes to our address or phone numbers 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 by 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 emergency treatment or medication.

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I have been made aware that the IWBA has developed a Safeguarding Children and Vulnerable Adults Policy and are committed to ensuring the safety of my child by having:

- A coach's and participants Code of Conduct.
- Clear Recruitment Policy which includes vetting all coaches and volunteers.
- An Anti-bullying Policy.
- Disciplinary Procedures.
- A Designated Safeguarding Children Officer.
- Guidelines on Confidentiality.

The IWBA is committed to ensuring that any information gathered in relation to the Junior Team meets the specific responsibilities as set out in the Data Protection Act 1998.

I confirm that all details are correct to the best of my knowledge and I am able to give parental consent for my child to participate in, and travel to all activities. By returning this completed form, I agree to my son/daughter/child in my care taking part in the activities of the IWBA.

I understand that I will be kept informed of these activities - for example timing and transport details.

I confirm that I have read the attached Code of Conduct with my child explaining what is expected of them when participating within bowling and we agree to the principles outlined.

I understand in the event of injury or illness all reasonable steps will be taken to contact me and to deal with that injury/illness appropriately, but also if there are any changes in circumstances that are relevant at home, that we will inform the IWBA (for example illness or injury).

Signature of Parent/Guardian \* .....

Print Name .....

Signature of Child .....

Date .....

\* Parental consent is defined by the Children (NI) Order 1995 Article 6 (i):

Natural mother always has parental responsibility.

Natural father gains parental responsibility:

- If married to the mother at the time of birth or subsequently marries her.
- Through an agreement witnessed by solicitor or a Parental Responsibility Order
- Post 15 April 2002 if they jointly register the baby's birth.