



Mid Argyll Rugby Club Consent Form 2023/24

Signing this form confirms that you agree to your child attending Mid Argyll Rugby Club training and match day events and also provides essential information that is required should your child have an accident or be taken ill during Mid Argyll Rugby Club activities. This information will be kept in the strictest of confidence. By signing this form, you agree to us using the information for the purposes detailed above. No other parties will be given this information. **Remember you must also sign up on SCRUMS, <https://scrums.scottishrugby.org/login#/>** use this link and follow the instructions.

Child's name.....

Date of Birth.....School Year.....

Address.....

.....Post Code.....

Email.....

1st Contact Name.....

1st Contact Number(s).....

2nd Contact Name.....

2nd Contact Number(s).....

Please detail **ALL** relevant medical information relating to your child

GP Name & Address.....

Medical Conditions.....

Medication.....

Allergies.....

Has your child been immunised against tetanus in the last 10 years?

I hereby give permission for my child to attend and take part in the activities of Mid Argyll Rugby Club. In the event of illness or accident, I consent to my child receiving emergency medical treatment, including anaesthetic, as prescribed by medical professionals.

Signed.....

Date.....

Mid Argyll Rugby Club occasionally uses photographs of our rugby activities for promotional purposes in the local press, its website and through social media. No child's name will appear against any of the photographs.

If you **DO NOT** wish for your child's photograph to be used for this purpose please tick this box -

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MID ARGYLL RFC Dismissal from Training/Events

My child will be collected from training/events by:

Name(s)..... Relationship to child.....

.....

My Child will make his/her own way home **after training sessions only** (please tick)

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Please return this form, signed to any of the coaching staff present at training sessions