

Auto Cycle Union Guidelines - Child Protection Policy

Parent/guardian consent form

I, the parent / guardian * of:

.....

give permission to the medical personnel/staff/volunteers, meeting officials and official club photography / video participating in activities during any events to be run by Yorkshire Junior Grass Track Club during 2010

for medical personnel/staff/volunteers to administer any relevant treatment or medication to the named participant, when/if necessary. I shall inform the organising club of any known conditions and medication requirements.

In addition, if the case arises, I authorise the members of medical personnel/staff/volunteers to take my son/daughter to hospital and give full permission for any treatment required to be carried out in accordance with hospital's diagnosis. I understand that I shall be notified, as soon as possible, of the hospital visit and any treatment given by the hospital.

Parent / Guardian's * consent

.....(signature)

Name.....(please print)

Relationship to participant.....

**delete as applicable*