



National Field Archery Society

Appendix NFAS – PC001

Coaching/Shoot Guardians Consent Form

Anything written on this form will be held in confidence. Our coaches and/or your child's' shoot guardian need to know these details in order to meet the specific needs of your child.

I give permission for my child to attend: (Delete as appropriate)

Coaching Course Open Shoot Club Shoot

Name of Child:					
Address:					
Home Tel. No.		Male:		Female:	
Date of Birth:		Age:			

Name of shoot guardian:					
Emergency Tel No.	1		2		
IF UNAVAILABLE CONTACT:					
Tel No:		Relationship to Child:			
Name of GP:		Tel. No. of GP:			
Childs Medical Number					

Details of any known allergies, prescription medicine or medical Conditions,

Any other special needs, requirements or directions that would be helpful for the coaches and/or shoot guardian to know about:



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I will inform the coaches and/or shoot guardian 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.

I have been made aware that the NFAS have developed a child protection policy & they are commitment to ensuring the safety of my child by having;

- **A coaches code of behaviour**
- **Clear recruitment policy which includes vetting coaches**
- **Disciplinary procedures**
- **A designated person for child protection**
- **Guidelines on confidentiality**
- **Clear reporting procedures**

The NFAS is committed to ensuring that any information gathered in relation to our coaching meets the specific responsibilities as set out in the Data Protection Act 1998. The club/organisation will store the above information on their base for a maximum of 12 months before re-registering my child if still associated with the club.

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 & travel to all activities.*

Signature Parent/Guardian

Print Name Date

Please return the completed form to the relevant Coach or hand to our child's shoot guardian

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 both parents jointly register the baby's birth.