



U18 PARENT/CARER CONSENT FORM

I consent / I do not consent* to the young person receiving medical treatment, including anaesthetic, which the medical professionals present consider necessary.

I consent / I do not consent* to the **Penicuik Athletic** sharing information with the young person's Named Person as deemed appropriate the young person's wellbeing is impacted.

I consent / I do not consent* to the young person being transported by persons representing the **Penicuik Athletic** for the purposes of taking part in football.

I consent / I do not consent* to the young person being involved in photographing / filming and for information about the young person to be used for the purposes stated in the **Penicuik Athletic** Safe Use of Images of U18 Players.

I consent / I do not consent* to the young person being contacted via email, text or social networking site for the purposes stated in the **Penicuik Athletic** Safeguards.

I do / do not* wish to be copied in to these messages.

- i) *I am aware of the **Penicuik Athletic** Code of Conduct for Safeguarding Children's Wellbeing and its Policies and Procedures in Child Wellbeing and Protection.*
- ii) *I undertake to inform the **Penicuik Athletic** should any of the information contained in this form change.*

Parent / Carer's Signature: _____ Date: _____

(Please state relationship to young person): _____

Print Name: _____

Email: _____

Emergency Contact Name:	
Relationship to Young Person:	Tel No:

Late Collection Contact:

Relationship to Young Person:	Tel No:
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