



### Consent form for Parent/Guardian

A major part of the Irish Indoor Bowling Association's role is our responsibility for the young people in our care and to ensure their safety and wellbeing at all times. To help us to do this effectively we have developed a child protection policy, which is designed to protect your child and all children who take part in short mat bowls. A copy of this can be obtained from our Governing Body's Children's Officer, Seamus Kyne or viewed on the IIBA website. Any information on this form will be held in confidence. Our coaches/carers need to know the details in order to meet the specific needs of your child.

(Insert club or zone name)

Name of child ..... Date of birth .....

Address .....

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Parent or Guardian name .....

Home Telephone Number ..... Mobile .....

Alternative contact: Name ..... Tel No .....

Name and Telephone number of GP .....

Childs Medical Number .....

In your child's interest it would be helpful to know if he/she suffers from any allergies, illness or medical condition

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Please use this space to state, in confidence, any health or any other matter concerning your child of which accompanying officials should be aware. Please indicate any prescribed medications, etc.

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I understand that in case of emergency, every effort will be made to contact me. If unable to contact I consent to my child receiving any medical treatment, which in their opinion of a qualified medical practitioner, may be considered necessary.

I acknowledge that club, zone or association will take all reasonable steps in the exercise of its duty to care to safeguard her/him from accident or other harm

I consent to my child taking part in the club/zone or if appropriate representative activities whether on its premises or at away venues.

I consent/do not consent (delete as appropriate) to photographs being taken of my child at bowls events at club/zone or association level and being posted on the IIBA website if involved in the Junior Inter Zone or National Finals.

Print Name ..... Signature ..... Date .....