

**PARENTAL CONSENT FORM**

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| **Borough:**  **Tower Hamlets** **Event:** |
| **Competitor’s: First Name**: **Surname:** |
| **Parent/Guardian: First Name**: **Surname:** |
| **Address:****Postcode:** |
| **Parent/Guardian Mobile contact:****Relationship to child:** |
| Please provide medical information relating to any medication, allergies, dietary requirements etc your child may have:**Doctor’s Name:****Doctor’s Address:****Doctor’s Telephone number:** |

Parent Consent Statement

My child is in good health, and I consider him/her capable of taking part in this Tournament.

I have completed the medical details and consent that in the event of any illness/accident, any necessary treatment can be administered to my child, which may include the use of anaesthetic.

I also understand that while council staff, sports coaches and the tournament organisers will take every precaution to ensure that accidents do not happen, they cannot necessarily be held responsible for any loss, damage or injury suffered by my child.

Please note that to help promote this Tournament and its participants, official photographs may be taken during the event. These photographs may be used for publication or in the media.

If you **DO NOT** wish your child’s picture to be published. Please tick this box [ ].

If you **DO NOT** wish your child to be photographed AT ALL please tick this box [ ].

**Parent/Guardian Name** (BLOCK CAPITALS):…………………………………………………………...

**Signature of Parent/Guardian**:……………………………………………………………………………….

**Date**:……………**………………………………………………………………………………………………**

*The information you provide will be used by the London Borough of Tower Hamlets Sport & Physical Activity Team to process your data in accordance with the General Data Protection Regulation (GDPR). For more information go to* [*www.towerhamlets.gov.uk/content\_pages/legal\_notices/legal\_notices.aspx*](http://www.towerhamlets.gov.uk/content_pages/legal_notices/legal_notices.aspx)