

Dunfermline Athletic FC Academy



CONSENT FORM SEASON 2023

**This form should be completed at the start of every season by the young person (under the age of 18) and/or their parent/carer.*

There are 5 pages in total, please make sure you have read and completed all pages before returning the form to **Bill Hendry, Head Of Academy** bill@dafc.co.uk

If the young person is aged 13 and over they should read the information on this form and complete the form with the support of their parent/carer. The young person and their parent/carer should complete sections G and H, respectively. If the young person is aged under 13 then the form should be completed by their parent/carer and section G does not require to be completed.

All information included in this form will be treated with sensitivity and respect and only shared with those require the information to perform their role. The form will be kept in a secure and confidential manner.

If any information contained within this form changes during the course of the season, please let the **Head Of Academy** know as soon as possible by contacting him at bill@dafc.co.uk

A. GENERAL INFORMATION

Name:	Date of Birth:
Address:	
Post Code:	Tel No:
Email:	Mob No:

Next of Kin (NOK):	
NOK Address (<i>if different from the young person's address</i>):	
Relationship:	Tel No:

B. MEDICAL INFORMATION

Name of GP:	
Address: .	
Post Code:	Tel No:

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Please complete the following details. *Please delete as applicable.*

1. Do you have a disability that will affect your ability to take part in football? Yes / No

If yes, please give details:

2. Do you have a medical condition that will affect your ability to take part in football? Yes / No

If yes, please give details:

3. Do you take any medication? Yes / No

If yes, please give details:

4. Do you have any existing injuries? Yes / No

If yes, please give details:

5. Do you have any allergies, including allergies to medication? Yes / No

If yes, please give details:

6. Is there any other relevant information which you would like us to know? (e.g. access rights, disabilities, special dietary requirements etc)___

If yes, please give details: no.

C. SHARING INFORMATION

Children and young people and their parents/carers *may* have access to a Named person to help them get the support they need. A Named Person will normally be the health visitor for a pre-school child and a promoted teacher – such as a Head Teacher or Pastoral Care teacher – for a school age child.

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If you do not have a Named Person, please provide the information of your Pastoral Care teacher or Head Teacher.

Named Person/Teacher:	Tel No:
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D. TRANSPORTATION OF CHILDREN AND YOUNG PEOPLE

For the purpose of football activities, the Academy may transport you to and from games, activities or events.

The Academy will ask any person using a private vehicle to declare that they are properly licensed and insured and, in the case of a person who cannot so declare, will not permit that individual to transport children and young people.

Full information on the transportation of children and young people can be found in the Academy's Child Wellbeing and Protection Policy in the Trips and Travel Away Practice Note.

E. PHOTOGRAPHS AND VIDEOS

You may be photographed or filmed when participating in football. Photographs or videos of you participating as part of the team may be:

- published in Academy publications, including on the Academy's website;
- used for training purposes;
- broadcast live over the internet by the Academy. This is commonly known as 'live streaming'.

All images and videos will be taken and used in line with the Academy's Child Wellbeing and Protection Policy, full information of which can be found in the Celebration Practice Note.

F. CONTACT INFORMATION

The Academy may contact you via email, text or social networking site with information relating to football activities.

All communication will be done in line with the Academy's Child Wellbeing and Protection Policy, full information of which can be found in the Communication and Social Media Practice Note.

G. AGREEMENT (to be completed by the young person)

***delete as applicable**

I consent to the Academy storing the medical information I have completed in Section B (Medical Information) of this form the duration of the season

I consent to receiving medical treatment, including anaesthetic, which medical professionals present consider necessary.

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I consent to the Academy sharing information with my Named Person or school, as deemed appropriate, if my wellbeing is, or may be, impacted and it is deemed necessary by the Academy Child Wellbeing and Protection Officer to share that information.

I consent to the Academy contacting me via email, text or social media to give me information about football activities.

I agree to:

- (i) Inform the Academy should any of the information contained in this form change.

Full Name	
Date	

H. AGREEMENT (to be completed by the young person's parents/carers)

***delete as applicable**

I consent to my child receiving medical treatment, including anaesthetic, which the medical professionals present consider necessary.

I consent to the Academy sharing information with my child's Named Person or school, as deemed appropriate, if the young person's wellbeing is, or may be, impacted and it is deemed necessary by the Academy Child Wellbeing and Protection Officer to share that information.

I consent to my child being contacted via email, text or social networking site for the purposes as set out on Section F.

I do wish to be copied into these messages.

I confirm that:

- i) *I am aware of the Academy's Child Wellbeing and Protection Policy and the Academy's Set the Standards: Behaviours, Expectations and Requirements (Code of Conduct)*

I agree to:

- (i) Inform the Academy should any of the information contained in this form change.

Parent/carer's name	
Relationship to Young Person	
Date	
Email	

If you do not consent to any of the above and would like to provide further information, please include the information here:

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