

## **GOOD PRACTICE PARTNERSHIP WITH PARENTS / CARERS FORM**

ScotSAC values the involvement of juniors (**all under 18s**) in our sport. We are committed to ensuring that all juniors have fun and stay safe whilst participating in snorkelling and diving. To help us fulfil our joint responsibilities for keeping juniors safe ScotSAC have Good Practice Guidelines. These Guidelines tell you what you can expect from us when a junior participates in snorkelling and/or diving and details the information we need from you to help us keep your child /junior safe.

We need you to complete this form at the start of every season and to let us know as soon as possible if any of the information changes. All information will be treated with sensitivity, respect and will only be shared with those who need to know.

<b>Junior' s Name:</b>	<b>Date of Birth:</b>
<b>Junior's Branch:</b>	<b>Membership Number:</b>
<b>Address:</b>	<b>Tel No Home:</b>
<b>Postcode:</b>	<b>Mobile:</b>
<b>Emergency Contact Name:</b>	<b>Emergency Contact Tel No:</b>
<b>Relationship to Junior:</b>	
<b>Late Collection Contact:</b>	<b>Contact Tel No:</b>
<b>Relationship to Junior:</b>	
<b>Name of GP:</b>	<b>Tel No of GP:</b>
<b>Address of GP:</b>	
<b>Postcode:</b>	

### **A. GENERAL & MEDICAL INFORMATION**

**Please complete the following details. If none, please state "none".**

1. Does your child have a disability/medical condition that will affect their ability to take part in snorkelling/diving activities? If yes, please give details:
2. Does your child take any medication? If yes, please give details:
3. Does your child have any existing injuries (include when injury sustained and treatment received)? If yes, please give details:
4. Does your child have any allergies, including allergies to medication? If yes, please give details:
5. Is there any other relevant information which you would like us to know about your child? (e.g. access rights)

## **B. CONSENT – MEDICAL TREATMENT**

I consent / I do not consent (delete as appropriate) to my child receiving medical treatment, including anaesthetic, which the medical professionals present consider necessary.

## **C. CONSENT – TRANSPORTATION OF CHILDREN**

I consent / I do not consent (delete as appropriate) to my child being transported by persons representing ScotSAC, individual members or affiliated Branches for the purposes of taking part in snorkelling or diving.

I understand ScotSAC or the individual Branch, as appropriate, 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 juniors.

## **D. CONSENT - PHOTOGRAPHS AND PUBLICATIONS (INCLUDING WEBSITE)**

Your child may be photographed or filmed when participating in snorkelling or diving activities.

I consent / I do not consent (delete as appropriate) for my child to be involved in photographing/filming and for information about my child to be used for the purposes stated in ScotSAC's Good Practice Guidelines.

## **E. CONSENT – CONTACT INFORMATION**

ScotSAC or the \_\_\_\_\_ Branch may contact your child from time to time via email, text or social networking site.

I consent / I do not consent (delete as appropriate) for my child to be contacted via email, text or social networking site for the purposes stated in ScotSAC's Good Practice Guidelines. I do / do not (delete as appropriate) wish to be copied in to these messages.

## **F. CONSENT – SIGNATURE**

1. I am aware of the Good Practice Guidelines for snorkelling and diving activities and agree to work in partnership with ScotSAC and the \_\_\_\_\_ Branch to promote my child's safe participation in snorkelling and diving activities.

2. I am aware of ScotSAC's Code of Conduct and Child Protection Policy and Procedures.

3. I undertake to inform my child's Branch: \_\_\_\_\_ should any of the information contained in this form change.

**Parent/Carer's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**(Please state relationship to child/junior if not parent):** \_\_\_\_\_

**Print Name:** \_\_\_\_\_