



Appendix 6 Multi-Use Consent Form

Introduction

This consent form should be completed by the parent/ legal guardian or carer of the person who needs care or support in order that they may participate in the activities organised by the club it is essential that you complete and return this form, supplying relevant information and your consent as parent / or legal guardian.

A. Personal Information

Participants Name (as appears on passport)	
Date of Birth	Place of Birth
Mother's Height (cm)	Fathers Height (cm)
Address	
Post Code	Home Telephone

B. Parent/Legal Guardian/Carer Contact Information

Name 1	
Relationship to Participant	
Address	
Post Code	Mobile Telephone
Name 2	
Relationship to Participant	
Address	
Post Code	Mobile Telephone



C. Academic Information (If Applicable)

Participants School	Academic Year
Name of Head Teacher	
Name of Head of Year	
Address	
Post Code	Telephone

D. Travel & Supervision

The Club will use a variety of modes of transport in order to facilitate the highest level of provision possible in relation to its activities. Throughout all activity the participant will be considered in the supervision of Reading FC.

In the unlikely event of an accident occurring, I give my permission for a designated representative Reading Football Club to authorise emergency medical treatment, including the use of anaesthetic if deemed necessary, as marked by my selection below:

Grant permission

Deny permission

I do hereby grant or deny permission to the Club to transport and supervise the named participant as marked by my selection below:

Grant permission

Deny permission

Where a participant requires care or support, the Club requires your consent to allow that participant to travel to/from the venue alone:



I consent to the participant travelling to/from the venue alone

I do not consent to the participant travelling to/from the venue along. I agree that I shall be responsible for arranging supervision of my child when travelling to/from the venue

E. Photography, Imagery & Video

I, in all media now existing or invented in the future, on a worldwide basis and in perpetuity, do hereby grant or deny permission to Reading Football Club to use photographs, images and/or videos of the person named in Section A, as marked by my selection below. Such use includes the display, distribution, publication or otherwise use of the imagery taken during Academy activity. I agree that the imagery may be used by Reading Football Club and its associated companies for any purpose, including but not limited to marketing and/or promotional use.

Grant permission

Deny permission

F. Medical Questionnaire

History of Previous Illness:

Has the participant ever had any of the following, if you answer YES please give details

HEART DISEASE			DETAILS
Any Heart problems	Yes	No	
Heart Murmurs	Yes	No	
Any Family History of Heart Disease or Sudden Cardiac Death before the age of 60 years, in parents, grandparents, uncle, aunt and 1 st cousin (<i>note smoking habit</i>)	Yes	No	
Any Family History of High Blood Pressure	Yes	No	
Other (please specify)	Yes	No	

CHEST DISEASE			DETAILS
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Asthma	Yes	No	
Bronchitis	Yes	No	
Other (please specify)	Yes	No	

EAR / NOSE / THROAT			DETAILS
Ear Infections	Yes	No	
Sinus Problems	Yes	No	
Tonsillitis	Yes	No	
Other (please specify)	Yes	No	

ALLERGIES			DETAILS
Hay Fever	Yes	No	
Any other allergies (please specify)	Yes	No	

SKIN			DETAILS
Eczema	Yes	No	
Psoriasis	Yes	No	
Dermatitis	Yes	No	
Other (please specify)	Yes	No	

STOMACH / URINARY			DETAILS
Stomach Problems	Yes	No	
Urinary Problems eg. bedwetting?	Yes	No	

INFECTIOUS DISEASES			DETAILS
Measles	Yes	No	Dates:

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Mumps	Yes	No	Dates:
Chickenpox	Yes	No	Dates:
German Measles	Yes	No	Dates:
Whooping Cough	Yes	No	Dates:
Glandular Fever	Yes	No	Dates:
Other (please specify)	Yes	No	Dates:

IMMUNISATIONS			DETAILS
Tetanus	Yes	No	Dates:
Polio	Yes	No	Dates:
Diphtheria	Yes	No	Dates:
Whooping Cough	Yes	No	Dates:
BCG	Yes	No	Dates:
Typhoid	Yes	No	Dates:
Hepatitis A	Yes	No	Dates:
Other (please specify)	Yes	No	Dates:

During the previous 12 months, has the participant missed training/match or experienced pain/discomfort following training/matches which may have been caused by injury to the following?

			DETAILS
Feet	Yes	No	
Ankles	Yes	No	
Knees	Yes	No	
Groin / Hip	Yes	No	
Back	Yes	No	

MEDICATION			DETAILS
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Is the participant currently taking any form of tablet, medicine or medication? (please specify)	Yes	No	
Is the participant allergic to any forms of tablet, medicine or medication? (please specify)	Yes	No	
Does the participant have any dietary requirements or any food allergies? (Please specify)	Yes	No	

OTHER MEDICAL			DETAILS
Does the participant have any other form of medical problem(s) not previously stated?	Yes	No	
Epilepsy	Yes	No	
Other (please specify)	Yes	No	

TREATMENT			DETAILS
Has the participant been under any form of treatment or attended a consultation by a Doctor / Specialist for any medical problem?	Yes	No	

INJURIES			DETAILS
Please provide details of any major / serious injury (including fractures) and any injury requiring hospital treatment?	Yes	No	



Please provide details of any injury that required Specialist / Consultant examination and/or treatment	Yes	No	
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During the previous 12 months, has the participant missed training/games or experienced pain/discomfort following training/games which may have been caused by injury to:

	Yes	No	DETAILS
Feet	Yes	No	
Ankles	Yes	No	
Knees	Yes	No	
Groin / Hip	Yes	No	
Back	Yes	No	

I do hereby acknowledge and fully understand the nature of Academy activity and that participation may give rise to harm or injury to the participant named in Section A. I confirm that the participant is physically fit enough to take part in Reading FC activity and that any relevant medical conditions have been declared in Section F.

I agree that the participants participation in Reading FC activity is at their own risk and hereby release the Club, its employees, contractors, agents and all of its associated companies from all liability, responsibility, costs and damages which arise as a result of the participants participation in reading FC activity. For the avoidance of doubt, the foregoing does not affect the participants legal rights in the event of personal injury or death arising as a result of the negligence of any of the aforementioned parties.

If the participant sustains any harm or injury due to participation in Reading FC activity, Reading FC may, in its sole discretion, offer to provide such medical treatment as it determines necessary or appropriate. I hereby consent to emergency medical treatment determined necessary by Reading FC and acknowledge that by allowing any non-emergency medical treatment to be performed on the participant, I will be deemed to have consented to such medical treatment. If the participant received any medical treatment, emergency or non-emergency, I and the participant assume all risk of harm or injury which may result.

Signature:

Date:

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Print Name: