

THE BLUE FALCONS GYMNASTIC DISPLAY TEAM
BASED at CHELMEY VALLEY HIGH SCHOOL



HEALTH & CONSENT FORM 2020-2021

WE REQUIRE ALL SECTIONS TO BE COMPLETED. NO EXCEPTIONS.

If the named Gymnast/Support requires any emergency treatment this information will aid the Blue Falcons and/or other Health Professionals in giving the correct treatment in a timely manner and contacting the relevant people.

Please complete ALL of the form CLEARLY in PRINTED BLOCK CAPITALS IN BLACK INK.

UNTIL THIS FORM IS RETURNED YOU ARE NOT PERMITTED TO VAULT OR TAKE PART IN ANY DISPLAYS.



<u>GYMNAST/SUPPORT DETAILS</u> FULL NAME OF GYMNAST/SUPPORT: DATE OF BIRTH:		GYMNAST/SUPPORT OWN MOBILE NO: WHICH SCHOOL THEY ATTEND:	
<u>NEXT OF KIN DETAILS</u> PARENT/CARER/GUARDIAN/NOK CONTACT NAME & ADDRESS DURING EVENTS: NAME: RELATIONSHIP TO GYMNAST/SUPPORT: ADDRESS: CONTACT NUMBERS: MOBILE: HOME:			
<u>IF UNAVAILABLE ANY OTHER EMERGENCY CONTACTS:</u> FIRST CONTACT: SECOND CONTACT: NAME NAME RELATIONSHIP TO GYMNAST/SUPPORT: RELATIONSHIP TO GYMNAST/SUPPORT: CONTACT NUMBER(S): CONTACT NUMBER(S):			
<u>GYMNASTS/SUPPORTS DOCTOR REGISTERED AT:</u> NAME/ADDRESS OF DOCTORS SURGERY:		NAMED DOCTOR IF GYMNAST HAS ONE: DOCTORS SURGERY CONTACT NO:	

PLEASE TURN OVER FOR MORE INFORMATION THAT **MUST** BE COMPLETED

MEDICAL/ ADDITIONAL NEEDS HISTORY OR ANY MEDICATION REQUIRED/PRESCRIBED:

for example: epipen, inhaler, Asperger's syndrome, ADHD:

IF MEDICATION STATED, IS THERE ANY SPECIAL REQUIREMENTS TO EFFECTIVE DELIVERY?

for example: requires piriton first before administration of epipen, calming strategies for additional needs

IF YES TO ABOVE, PLEASE ENSURE GYMNAST CARRIES THE MEDICATION STATED AT **ALL** TIMES OR GIVES TO A QUALIFIED FIRST AIDER

CONSENT FOR TREATMENT:

By signing this consent form I give permission for first aid or any emergency medical treatment, which in the opinion of a qualified first aider or medical practitioner is considered necessary.

I also have the understanding that should a health situation arise, all reasonable steps will be taken to contact the parent or an alternative emergency contact to which I have provided.

I understand that it is my responsibility being the parent/carer/guardian to ensure that the gymnast stated brings along any medication that may be required during training and at events and hands this to our qualified first aiders.

I also have the understanding that where the Blue Falcons performs all over the country, that if any emergency situations occur, the gymnast stated may be taken to the closest hospital where the event is taking place.

CONSENT FOR PHOTOGRAPHY:

You the parent/carer/guardian also give permission for photographs and videos to be taken and used on the Blue Falcons website, any official Blue Falcons social media sites and for any promotion/recruitment of the team.

Please tick the correct box to state your preference for possibly using photographs of your child on our social media sites.

Yes

No

This consent form **DOES NOT** include the permission for the gymnasts to take pictures/videos of other gymnasts while in Blue Falcons Kit and post on any social media networks **WITHOUT** the permission of the gymnast's parents in writing. We ask the gymnasts to refrain from this to help safeguard **ALL** children that are members of the team.

SIGNATURE OF CONSENT:

NOTE: NO GYMNAST IS ALLOWED TO SIGN THEIR OWN FORM OR OTHER GYMNASTS FORMS UNLESS THEY HAVE THE LEGAL RESPONSIBILITY TO DO SO. THESE FORMS ARE USED FOR EMERGENCIES AND YOU ARE UNABLE TO CONSENT FOR TREATMENT UNLESS YOU ARE A NEXT OF KIN!

RELATIONSHIP TO GYMNAST/SUPPORT:

PRINT NAME:

SIGNATURE:

DATE:

IMPORTANT DECLARATION:

IT IS **YOUR RESPONSIBILITY** TO UPDATE THIS FORM IF **ANY** OF THE INFORMATION CHANGES.

IF THIS IS NOT UPDATED WE CAN NOT GIVE THE BEST SUPPORT OR MEDICAL TREATMENT THAT MAY BE REQUIRED.

IF ANY OF THESE NUMBERS YOU HAVE PROVIDED CHANGE AND ARE NOT UPDATED WE WILL BE UNABLE TO CONTACT YOU IF REQUIRED IN AN EMERGENCY SITUATION.