



Parent/Carer Rugby Tour Consent Form

Copy to be taken by tour/team manager and a further copy to be retained by Home Contact.

Name of young person	<input type="text"/>	Date of birth	<input type="text"/>
Dates of tour	leaving <input type="text"/>	returning	<input type="text"/>
Emergency contact name	<input type="text"/>		
Relationship to young person	<input type="text"/>		
Home address	<input type="text"/>		
Home telephone number	<input type="text"/>		
Work telephone number	<input type="text"/>		
Mobile telephone number	<input type="text"/>		

Does your child experience any conditions requiring medical treatment or medication?

If yes please give details :

Does your child have any allergies?

If yes please give details :

Does your child have any specific dietary requirements?

If yes please give details :

- I have received comprehensive details of the above tour and am aware of the RFU Policies and guidelines in relation to tours.
- I consent to my child taking part in the activities indicated.
- I agree to be at the pick-up/drop off point at the agreed time.
- I confirm to the best of my knowledge that my son/daughter does not suffer from any medical condition other than those detailed.
- I consent to my child receiving medical treatment which in the opinion of a qualified medical practitioner may be necessary.

Signed in the capacity of parent or carer.

Please print name

Dated

