



TENNIS

Somer Valley Tennis Junior Travel Consent And Emergency Contact Form

Parent/Guardian Details

Name:		
Address:		
Contact Details:	Phone: Mobile:	Email:

Child Details

Name:		
Date of birth:		
Address (if different from the parent or Guardian):		
Contact details (if different from the parent or Guardian):	Phone: Mobile:	Email:

Parent/Guardian Consent

I give permission for my son/daughter to travel to Home/Away matches with the designated driver in accordance with the Travel Consent Policy.

Child Medical History

Does the Child:	
Any health needs (e.g. diabetes, asthma, epilepsy, allergies) that we should be aware of?	Yes / No
Any religious or spiritual practices we should be aware of?	Yes / No

Any dietary needs we should be aware of?	Yes / No
Anything else which we should be aware of?	Yes / No
If yes to any of the above, please provide full details e.g. time medication must be taken, if help is required to administer medication, etc. (please use additional paper if required).	

Emergency Contact Details (If Different From The Parent Or Guardian)

Name:		
Relationship to the child or adult:		
Address:		
Contact details:	Phone: Mobile:	Email:

Confirmation

Name of parent or Guardian or adult (please print):	
Signature	
Date	

THIS FORM MUST BE CARRIED BY THE CHILD AT ALL TIMES WHEN TRAVELLING