

## **SAFE in CARE- the Scottish Orienteering Association PARTNERSHIP with PARENTS**

The Scottish Orienteering Association values the involvement of children in our sport. We are committed to ensuring that all children have fun and stay safe whilst participating in orienteering.

To help us fulfill our joint responsibilities for keeping children safe the Scottish Orienteering Association has introduced Safe in Care Guidelines. These Guidelines tell you what you can expect from us when your child participates in orienteering and details the information we need from you to help us keep your child safe.

We need you to you 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 e.g. a team manager or first aider.

**NAME OF CHILD:**

**DATE OF BIRTH:**

### **A: TRANSPORTATION OF CHILDREN**

I consent / I do not consent (delete as appropriate) to my child being transported by persons representing the Scottish Orienteering Association or one of it's individual members or affiliated clubs for the purposes of taking part in orienteering.

I understand the Scottish Orienteering Association 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 children.

**SIGNED:**

**DATE:**

### **B. PHOTOGRAPHS AND PUBLICATIONS (INCLUDING WEBSITE)**

Your child may be photographed or filmed when participating in orienteering. *In the absence of any explicit objection, parental agreement for the above reasons will be assumed.*

***Please delete as appropriate:***

I GIVE my permission for my child to be involved in photographing/filming and for information about my child to be used for the purposes stated in the Scottish Orienteering Association Safe in Care Guidelines.

I DO NOT GIVE my permission for my child to be involved in photographing/filming and for information about my child to be used for the purposes stated in the Scottish Orienteering Association Safe in Care Guidelines.

**SIGNED:**

**DATE:**

I am aware of the Safe in Care Guidelines for orienteering and agree to work in partnership with the Scottish Orienteering Association to promote my child's safe participation in orienteering.

I understand the Scottish Orienteering Association will listen to the views of my child in relation to all matters affecting them and require to respect my child's ability to give their own informed consent.

**Parent's Signature:**  
**(Please state relationship to child if not parent)**

**Date:**

Scottish Orienteering Association Representative:

Date:

**C. MEDICAL INFORMATION and CONSENT**

Name of child: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Home address: \_\_\_\_\_

Telephone: \_\_\_\_\_

Name of Emergency Contact: \_\_\_\_\_

Telephone Contact: \_\_\_\_\_

Relationship to Child: \_\_\_\_\_

Name of General Practitioner: \_\_\_\_\_

Address of GP: \_\_\_\_\_

GP Telephone Contact: \_\_\_\_\_

Contact:

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

1. Any pre-existing medical conditions that may affect the child's participation in orienteering:
  
2. Any medication or treatment required:
  
3. Any existing injuries (include when injury sustained and treatment received):
  
4. Allergies, including allergies to medication:

**TO BE COMPLETED BY PARENT**

I consent to my child receiving medical treatment, including anaesthetic, which the medical professionals present consider necessary.

I undertake to inform the Scottish Orienteering Association should any of the information contained in this form change.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_