



## **SAFE IN CARE - PARTNERSHIP WITH PARENTS/CARERS FORM**

The Scottish Archery 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 archery. To help us fulfil our joint responsibilities for keeping children safe, the Scottish Archery Association have 'Safe in Care Guidelines'. These Guidelines tell you what you can expect from us when your child participates in archery and details the information we need from you to help us keep your child safe.

We need you to complete this form annually 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. SAA Coach or trip organiser.

This form will be held by the Club Child Protection Officer, or the Lead Coach / Organiser on all training sessions, competitions or other activities involving the child. If you have any questions regarding the content of this form contact the Club Child Protection Officer.

<b>Child's Name:</b>	<b>Date of Birth:</b>
<b>Address:</b>  <b>Postcode:</b>	<b>Tel No:</b>
<b>Emergency Contact Name:</b>  <b>Relationship to Child:</b>	<b>Emergency Contact Tel No:</b>
<b>Late Collection Contact:</b>  <b>Relationship to Child:</b>	<b>Contact Tel No:</b>
<b>Name of GP:</b>	<b>Tel No of GP:</b>

Treat as confidential once complete

**Address of GP:**

**Postcode:**

***A. GENERAL & MEDICAL INFORMATION***

**Please complete the following details. If none, please state “none”.**

1. Does your child have a disability/medical condition that will affect their ability to take part in sport? If yes, please give details:
2. Does your child take any medication? If yes, please give details:
3. Does your child have any existing injuries (include when injury sustained and treatment received)? If yes, please give details:
4. Does your child have any allergies, including allergies to medication? If yes, please give details:
5. Is there any other relevant information which you would like us to know about your child? (e.g. access rights, disabilities, etc.)

Treat as confidential once complete

### **B. CONSENT – MEDICAL TREATMENT**

I consent / I do not consent (delete as appropriate) to my child receiving medical treatment, including anaesthetic, which the medical professionals present consider necessary.

### **C. CONSENT – TRANSPORTATION OF CHILDREN**

I consent / I do not consent (delete as appropriate) to my child being transported by persons representing the Scottish Archery Association/club, individual members or affiliated clubs for the purposes of taking part in archery

I understand the Scottish Archery Association/club 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.

### **D. CONSENT - PHOTOGRAPHS AND PUBLICATIONS (INCLUDING WEBSITE)**

Your child may be photographed or filmed when participating in archery. *In the absence of any explicit objection, those responsible will act in the best interests of the child which may include assuming parental agreement for the above reasons.*

I consent / I do not consent (delete as appropriate) 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 Archery Association 'Safe in Care Guidelines'.

### **E. CONSENT – CONTACT INFORMATION**

The Scottish Archery Association/club may contact your child from time to time via email, text or social networking site.

I consent / I do not consent (delete as appropriate) for my child to be contacted via email, text or social networking site for the purposes stated in The Scottish Archery Association 'Safe in Care Guidelines'. I do / do not (delete as appropriate) wish to be copied in to these messages.

Treat as confidential once complete

## **F. CONSENT – SIGNATURE**

1. I am aware of the Safe in Care Guidelines for archery and agree to work in partnership with The Scottish Archery Association to promote my child's safe participation in archery.
2. I am aware of The Scottish Archery Association Code of Conduct and Child Protection Policy and Procedures.
3. I undertake to inform The Scottish Archery Association should any of the information contained in this form change.

**Parent/Carer's Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**(Please state relationship to child if not parent)**

**Print Name:** \_\_\_\_\_

### **How information about you will be used**

Personal information supplied to the SAA/club on this form will be used by SAA coaches, members or volunteers in the provision of archery for the child listed. Information on this form will only be shared directly with those officials with a specific need to hold the information and for the safety and welfare of the child. We may also pass this information to relevant SAA/club committee officials so that they can contact you regarding your involvement in, and the development of, our sport.

### **How to contact us**

For further information on how your information is used, how we maintain the secrecy of your information, and your rights to access information we hold on you, please write to the SAA, Glenearn Cottage, Edinburgh Road, Port Seton, East Lothian, EH320HQ, or to the club secretary. By signing this form you agree that the SAA/club may use and disclose your information for the purposes described above.

If you are completing this form on behalf of someone else or are giving us information which relates to anyone else you must have their permission first. You must also make them aware of this notice and obtain their agreement to their personal information being used in accordance with the purposes set out in this notice.