



Lansdown Tennis & Squash

Travel Consent Form for Juniors travelling to Away Matches and Emergency Contact Details

Parent / Guardian Details

Name:	
Address:	
Email:	
Mobile:	

Child Details

Name:	
Date of Birth:	
Address: (if differs from above)	
Email:	
Mobile:	

Child Medical History

Does the Child:	
Have any health needs (eg: diabetes, asthma, epilepsy, allergies) that we should be aware of?	Yes / No
Have any religious or spiritual practices we should be aware of?	Yes / No
Are there any special dietary needs we should be aware of?	Yes / No
Is there anything else that we should be aware of?	Yes / No
If Yes to the above, please provide full details eg: 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 of Guardian)

Name:	
Relationship to Child / Adult:	
Address:	
Email Address:	
Mobile:	

Parent / Guardian

Whenever possible, there will be two adults travelling in the vehicle. Your child will be expected to sit in the rear seats.

Confirmation

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

Name of Parent or Guardian (Please Print):	
Signature:	
Date:	

Notes

Please ensure that your child arrives in match kit, thus reducing the need to use changing rooms at the venue.

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