**Coolmine RFC  
Parental/Guardian Consent Form for Rugby Tour 22-23 Season**

**Instructions for Coaches**

**Parental Declaration of Intent**

* All Parents/Guardians travelling, where overnights are involved, are required to complete the Coolmine RFC “Parental Declaration of Intent – Tours” which is valid for all travel that season.
* It is the Club Executive Committee’s decision that refusal to do so means that the individual concerned is not permitted to travel as part of the Club’s Group for any part of the trip. They must make their own travel arrangements, accommodation bookings etc.
* Completed DoIs are collected by the Head Coach, or their appointee, referred to as “Tour Manager” from here on, and must be returned to the CWO Team prior to departure.
* The CWO Team must keep the DoIs on file.

**Coaches and Parent Supervisors**

* All Coaches attending must have valid Garda Vetting, valid safeguarding, be a registered and approved member of the Club and approved by the Club Executive Committee as a Coach.
* Each Team must appoint a relevant number of adults who will fulfil the role of ‘Parent Supervisor on Tour/Travel Away” in the ratio of minimum 1 adult:3 children. These adults will require full Garda Vetting, completion of a valid Safeguarding Course and be a registered and approved Member of the Club. This must be completed even if all players are travelling with a parent. At no time during the Tour can a player be left under the supervision of someone who is not an approved Coach/Parent Supervisor
* This group of adults may include Coaches who meet the criteria set out above. However, as there would be a requirement for them to be involved with supervision, beyond the scope of the pitch while on tour, it is preferable to appoint parents/guardians also.
* The proposed list of Coaches and Parent Supervisors must be passed to the Club Welfare Officer in advance of the Tour. The CWO must ensure that all concerned are compliant with all criteria.

**Parental/Guardian Consent form**

* The attached Parental/Guardian Consent Form is to be distributed to all participating players prior to a Tour
* Pages 2,4,5 must be completed and returned to the Tour Manager.
* Pages 6-9 are optional extras and can be completed at the discretion of the Tour Manager (e.g., if they wish to keep all the medical, travel insurance details to hand in one file - e.g. If parents not travelling).
* It is suggested to split the Touring Team into smaller Groups (eg 4s), appoint a coach/chaperone for each Group and inform the Players in advance of the Tour (see Age-Grade Player Consent).
* Completed forms are returned to the Tour Manager and kept on file.

Thank you for your support and best wishes for an enjoyable Tour

Karen + Etain

*Karen Carolan, Club Welfare Officer*, *Etain Delaney, Deputy C.W.O.*

**Coolmine RFC  
Parental/Guardian Consent Form for Rugby Tour 22-23 Season**

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| --- | --- |
| **CRFC Team** |  |
| **Tour Destination** |  |
| **Date of Tour** |  |
| **Tour Manager Name** |  |
| **Appointed Tour Staff Member to administer Medication** |  |
| **Name of Age-Grade Player** |  |
| **Date of Birth** |  |
| **2x Emergency Contact Names** | |  |  | | --- | --- | | **Contact 1:** | **Contact 2:** | |
| **Relationship to Player** | |  |  | | --- | --- | | **Contact 1:** | **Contact 2:** | |
| **Phone – Mobile** | |  |  | | --- | --- | | **Contact 1:** | **Contact 2:** | |
| **Phone – Work** | |  |  | | --- | --- | | **Contact 1:** | **Contact 2:** | |
| **Phone – Home** | |  |  | | --- | --- | | **Contact 1:** | **Contact 2:** | |
| **Email Address** | |  |  | | --- | --- | | **Contact 1:** | **Contact 2:** | |
| **Player’s Home Address** |  |

**Please familiarize yourself with the following IRFU and Coolmine RFC Policies and Guidelines**

**Coolmine RFC Parental DoI – Tours**

<https://61fb0f45-2d72-420c-a316-460a6feb2d8f.filesusr.com/ugd/92cbf6_2e75544a6d65444a92a0fc5f55126dcf.docx?dn=CRFC%20Parental%20DoI%20-%20Tours.docx>

**Travel-touring-hosting**

<https://d19fc3vd0ojo3m.cloudfront.net/irfu/wp-content/uploads/2020/09/25120840/Travel-touring-hosting.pdf>

**IRFU Safeguarding Policy**

<https://d19fc3vd0ojo3m.cloudfront.net/irfu/wp-content/uploads/2021/09/28093801/SAFEGUARDING-POLICY-2021.pdf>

**IRFU Players, Parents and Spectators Codes of Conduct**

<https://d19fc3vd0ojo3m.cloudfront.net/irfu/wp-content/uploads/2020/12/16153843/Code-of-Conduct-Mini-Players.pdf>

<https://d19fc3vd0ojo3m.cloudfront.net/irfu/wp-content/uploads/2020/12/16153846/Code-of-Conduct-Youth-Players.pdf>

<https://d19fc3vd0ojo3m.cloudfront.net/irfu/wp-content/uploads/2020/12/16153845/Code-of-Conduct-Parents.pdf>

<https://d19fc3vd0ojo3m.cloudfront.net/irfu/wp-content/uploads/2020/12/16155225/Positive-Sideline-Behaviour.pdf>

<https://irfu-admin.soticcloud.net/wp-content/uploads/2019/07/Code-of-Conduct-Spectators.pdf>

**Link to EHIC**

https://assets.hse.ie/media/documents/ehic-application-form-english\_uvEBgJn.pdf

**Consent Signatures**

**Parent/Guardian of Age Grade Player**

I give consent for my child \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ to travel under the supervision of the approved members of the Coolmine U\_\_\_\_\_ Team for the purpose of this Tour.

I undertake to pay the required sums by the dates specified in the information and accept that in respect of any withdrawal from the trip, for whatever reason, there can be no refund of the whole or part of the payments unless the circumstances are covered by insurance.

I have read and accept the IRFU codes of conduct and understand the conditions and rules set down by CRFC, particularly when my child is travelling to events and representing their club or the IRFU. I understand that a serious or continued breach of this code may result in my child being sent home early at my expense.

I agree to furnish full details of any medical condition, allergies, medication, or special requirements needed by my child.   
  
I agree that this information can be passed on if required, but only if this is in the best interests of the child. I agree that this information can be passed on to the hosting family where applicable.

I agree that during the activities, photographs can be taken of which my child may be included, and I agree to these photographs being used by the club/IRFU

I consent to my child’s name being included on such photos – **YES / NO**

My child is able to Swim – **YES / NO**

My child can partake in Supervised Water based activities – **YES / NO**

If travelling with the Team, I have signed and returned the following to the Tour Manager

Coolmine Self Declaration of Intent – **YES / NO**

**I understand that I am not permitted to travel as part of the Coolmine RFC Group in the absence of the above document**

If appointed as a “Parent Supervisor” for this Tour,

**I understand that I am not permitted to travel in this capacity without the following and must provide the CWO with evidence of completion of same before the Tour**

I have completed and returned the IRFU Garda Vetting Application - **YES / NO**

I have completed an IRFU recognised Safeguarding Course – **YES / NO**

Parent/Guardian Name (please print): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

**Age Grade Player**

I have read the IRFU Player code of conduct and understand the conditions and rules set down by Coolmine RFC particularly when travelling to events and representing my club or the IRFU when visiting another Rugby Federation/Club/Country.

I agree to abide by these rules and to behave appropriately at all times.

I agree to adhere to all rules and instructions provided by my Team Coaches and Tour Staff for my safety.

I have been informed about the Coach appointed to deal with any concerns I may have while on Tour.

Player Name (please print): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Parent/Guardian Name (please print): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

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**Medical/Dietary information**

**1. Does your child experience any conditions requiring medical treatment and/or medication?**

Yes: No

If yes, please fill out the attached medications form;

**2. Does your child have any allergies?**

Yes No

If yes, please give details:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**3. Does your child have any specific dietary requirements?**

Yes No

If Yes, please provide specific details: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

• 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.

Parent/Guardian Name (please print): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signed:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Age-Grade Player Medication Form**

All medicines must be provided in the original container as dispensed by a pharmacy and should include the child’s name, instructions for administration and expiry date.

Player’s Name (Print) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of birth\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Prescription Medication Supplied (PRINT)* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Quantity Supplied \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Dosage and Frequency to be taken\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Notes for Administration (eg before/after food etc) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Other relevant Information (eg side effects, drowsiness etc) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Prescribing Dr (Name, Print) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Contact No. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Dispensing Pharmacy (Name, Print) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Contact No. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Can your child self-administer their medication? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Non-Prescription Medication Supplied (eg pain killers etc)* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
  
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**Age-Grade Player Medication Form**

I confirm that the information provided by me here is complete and accurate. I request and authorise the appointed Tour Staff Member to administer the above medication if necessary, as instructed here to my child for the duration of this event.

Parent/Guardian Name (Print)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Coach’s Name (Print)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Coach’s Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Insurance Details**

1. Does your child possess Private Health Insurance: YES / NO

If Yes, please provide the following details:

Name of Health Insurer \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Policy \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Policy Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Main Policy Holder \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Expiry Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Emergency Contact Number of Health Insurer while abroad \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Has your child a valid EHI Card: YES / NO
2. Does your child possess Travel Insurance: YES/NO

If Yes, please provide the following details:

Name of Travel Insurance Company \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Policy \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Policy Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Expiry Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Emergency Contact Number of Travel Ins while abroad \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_