# FVO JUNIOR COACHING SESSIONS MEDICAL DATA and PARENTAL CONSENT FORM



## Safety

Coaching is organised through Forth Valley Orienteers (FVO) by our junior coaches who are licensed with British Orienteering and have training in basic emergency First Aid.

In common with other sports, there is a certain risk involved in orienteering. It should however be emphasised that the risk inherent in orienteering is generally very low. As far as possible, hazards both on and off the orienteering course are identified for each session. For example, these may include tripping over branches, extreme weather, dogs, stranger danger, moving cars in car parks. Risks from these hazards are assessed by the coach for each session and safeguards to mitigate the risks are put in place.

Unlike most other sports, it should be noted that participants are not within sight/hearing of the coach whilst they are orienteering, hence the importance of your children needing to listen carefully to the safety brief given by the coach before each session.

Primary age children should be accompanied by a parent/carer during introductory sessions until they are able to navigate competently by themselves. Please note that, unless you request otherwise to the coach, secondary age children may be doing short orienteering exercises by themselves.

Your child should wear long trousers for orienteering. Note that orienteering may involve going through undergrowth in areas where ticks may be present. Rarely, tick bites can lead to Lyme disease which is a serious medical condition. You should ensure that your child checks thoroughly for ticks on their body as soon as possible after each session. Further information on removing ticks is available here: http://www.scottish-orienteering.org/soa/page/ticks

FVO coaching sessions are covered by British Orienteering insurance. Please note however that it is a standard condition of British Orienteering activities that participants take part at their own risk.

#### **Child Protection**

In terms of child protection, FVO operates a Safeguarding Policy. Our junior club coaches are members of the PVG (Protecting Vulnerable Groups) scheme, managed by Disclosure Scotland. Our safeguarding policy is on the FVO website:https://fvo.org.uk/clubadmin/policy/vulnerable-persons-revised-draft/

Our coaches follow British Orienteering's code of conduct as well as rules and good practice for communicating by social media. We also have a code of conduct on our website https://fvo.org.uk/clubadmin/policy/code-conduct-parents-carers/ which we expect parents and carers to follow too.

# **Data protection and privacy**

FVO takes your privacy seriously and complies with the General Data Protection Regulation. Further details of privacy notice are on our website, which you are advised to read https://fvo.org.uk/clubadmin/policy/privacy\_notice/

### **Medical Consent**

In Scotland, young persons over the age of sixteen years are considered to be adults in respect of medical consent. A young person under the age of 16 years has the right to consent or refuse consent on their own behalf where in the opinion of an attending qualified medical practitioner, he/she is capable of understanding the nature and possible consequences of the procedure or treatment.



# **MEDICAL DATA and PARENTAL CONSENT FORM**

PLEASE COMPLETE IN BLOCK CAPITALS FOR YOUNG PERSONS UNDER THE AGE OF 18

Young Person's Full Name:		D.O.B
Address:		
Name and contact address of Parent/Carer:	Name and contac	t address of <b>Doctor</b> :
Telephone		
Email:		
Any medical disabilities, treatment, medic information? (e.g. Must carry inhaler at a sufferer, contact lenses etc.)	ıll times, takes tal	olets daily, hay fever
Any special dietary requirements?  I acknowledge receipt of, and understand a the proposed activity / visit as outlined above	ull of the published	information regarding
I have ensured that my son / daughter under and for the safety of the group, and that any obeyed.		
I undertake to inform the leader of any chan prior to the date of departure / commenceme	•	edical health or fitness
In respect of young persons under the ag charge may give permission, including writte receive medical / dental treatment in an eme	n, for the participar	
Signed (Parent / Guardian):(Give relationship to participant if not parent)		Date:
I understand that for the groups and my own and instructions of members of staff	safety, I will under	rtake to obey the rules
Signed (Under 18):		Date: