

**CISCE SPORTS AND GAMES 2022 – 23**  
**Standard Operating Procedures (SOP)**



**FORM '1'**

In order to ensure that proposed activity is planned, agreed and safe for all, this form must be completed by the Parent / Guardian of the family.

**Please note that your child / children will not be able to participate in any competition unless this form is fully completed. Athlete / Player should carry the form to the competition venue.**

**1. To be completed by PARENT / GUARDIAN with parental responsibility for the young person(s), and with full legal rights over the child/children.**

Name of Child: \_\_\_\_\_

Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ (DD) / \_\_\_\_\_ (MM) / \_\_\_\_\_ (YY)

Are there any significant health issues with your child / children that we need to be aware about,

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

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

**Any drug your ward is allergic to:** \_\_\_\_\_

**2. COVID-19 Precautions**

**To prevent the spread of COVID-19 precautionary measures have been taken by the Association wherein it is required for the Parent/Guardian of the Child to ensure the following:**

**a) Did your child travel prior to the Competition? YES/NO**

**If yes, please provide the details**

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

**b) Do you give consent for your child to undergo Temperature recording, Sanitization process during the in-competition tests? YES/NO**

**c) Does your child have any symptoms of COVID-19? (eg. Fever, cold/cough, difficulty in breathing, sore throat, fatigue etc.) YES/NO**

**If yes, please provide details** \_\_\_\_\_

**4. DECLARATION: Person with Parental Responsibility (Of Under 18's)**

- I have read and fully understand that I am consenting for my child to attend a number of competitions organized by A. I. S. M.
- I am satisfied that care will be taken for the safety of my child / children and the fellow athletes / players and that adequate staffing and safety measures have been arranged. I am aware that as a Parent/Guardian when attending the in-competition Activities, I will be responsible for the safety and wellbeing of my child.
- I consider my child to be medically fit to participate in the activities outlines and agree to inform the organisers should this situation change between now and the competition date.
- I will inform the organisers of any changes in my child's medical circumstances that may affect their involvement in activities
- I have discussed with my child / children the acceptable standards of behaviour expected at the competition, and they have agreed to abide by the rules and follow instructions given by the organizers.
- I agree to my child receiving medication and any emergency dental, medical treatment, as considered necessary in the event of an emergency by medical staff.
- I agree that in all circumstances, my child shall maintain social distancing norms and carry all necessary medical safety gears such as a face mask and a personal hand sanitizer / box of tissues.

Signed: \_\_\_\_\_ (Parent/Guardian) Date: \_\_\_\_\_

Parent / Guardian Name: \_\_\_\_\_

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

Emergency Contact Number: \_\_\_\_\_