

TTW UNPLANNED SITUATION AND EMERGENCIES

Document History

| Version | Summary of Changes | Document Status | Date |
|---------|--|-----------------|-------------------------------|
| 1.0 | | Live | 1 st July 2020 |
| 1.1 | Reviewed document and added document history. Also added acceptance and adoption text at end of document. | Live | 1 st November 2021 |
| 1.2 | Edit acceptance and adoption text | Live | 21 st July 2022 |

Monitoring and Review

The policy will be annually monitored and a full policy review will take place every three years. A policy review may also be conducted in response to any of the following occurrences:

- Changes in legislation or guidance
- Changes in governance of the sport
- Changes in the nature or size of Table Tennis Wales
- A procedural review taking place following a significant case

Table Tennis Wales are committed to enable those responsible for children to have the information they need to deal with any unplanned situation or emergency that arises.

Table Tennis Wales acknowledges that data collected and defined as personal data, by the Data Protection Act 2018 and the General Data Protection Regulation, should be processed in accordance with this legislation and recommends that;

- Information should only be collected where there is a clear use and need for it.
- Information obtained is to be treated as confidential.
- Information should only be given to those who need it, to fulfil a duty of care.
- Information needs to be readily at hand, when the child is participating in table tennis.
- Information that is no longer relevant should be securely destroyed.
- Parents are given frequent opportunities to ensure data is up to date, so that accurate information is held for players.

The Child Information and Parental Consent form, attached as part of this Policy, is that agreed by Table Tennis Wales, National Governing Body, for use by Staff and Volunteers, at Regional and National Level within the Organisation.

Clubs and Leagues can use this form, or if they require additional information/consent, can develop their own, but must follow the principles above in the collection and utilisation of any data they collect.

Important:

Please save a copy of this document onto your device, complete the information below and email a copy of the 'signed' document to safeguarding@tabletennis.wales

By 'ticking this box, I confirm that I have read, understand and fully adopt the TTW Unplanned Situations and Emergency policy.

Name:

Signed on behalf of:

TTW CHILD PERSONAL INFORMATION AND PARENTAL CONSENT FORM

Dear Parent/Carer,

This form has been designed to collect information on junior members, to ensure their needs are met, whilst in the care of table tennis staff or volunteers, it will provide the Club/League/County/Region/National (delete where applicable) organisers, with vital contact details and medical information, in case of accident or illness.

The information contained will be used only for administrative purposes and will remain confidential and will only be made available to those persons responsible for your child at any given time. Please complete questions in BLOCK CAPITALS and ensure all writing is legible.

PERSONAL DETAILS OF PARTICIPANT:

| | |
|-------------------|------------------|
| Surname: | First Name: |
| Date of Birth: | Male / Female |
| Address: | |
| Postcode: | |
| Telephone Numbers | Home: Mobile: |

EMERGENCY CONTACT DETAILS:

| | |
|-------------------|---------------------------|
| Surname: | First Name: |
| Date of Birth: | Male / Female |
| Address: | |
| Postcode: | |
| Telephone Numbers | Home: Mobile: Work: |

MEDICAL INFORMATION:

Does your child have any specific medical conditions requiring medical treatment and/or medication?

Are there any other medical details you feel we should know about?

Does your child suffer from any allergies? If yes, please detail and treatment required.

Please provide details of the type of pain medication that may be given to your child and if you authorise staff to give it;

IParent/carer of

Give permission for staff accompanying my child to administer the pain medication as detailed above.

Signed.....Date.....

Does your child have any special dietary needs? YES / NO

If yes, please specify;

Do you have any specific religious requirements? YES / NO

If yes, please specify:

| | |
|--|--|
| General Practitioners (Doctor's) Name | |
| Address | |
| Postcode | |
| Telephone Number | |

I acknowledge that the club/league/region/national association (delete where applicable), will be liable in the event of any accident, only if they have failed to take reasonable steps in their duty of care, for my child whilst in their care.

I understand that the coaches and/or responsible adults, have a common law duty to act in the capacity of a reasonably prudent parent.

I have read the Junior Player's Code of Conduct and agree that my child should abide by this, whilst in the care of the club/league/region/national association (delete where applicable), and I understand that a serious or continued breach of this Code, may result in my child being sent home early, at my expense.

I confirm that I have also read the Parent/Carers Code of Conduct and, in signing this form below, I agree to abide by the Code.

I am aware that photographs and/or videos may be taken for promotional purposes and do/do not (delete as applicable) give consent for my child to feature in such photos and/or videos.

| | |
|---|--|
| Parent/Guardian/Carer Name Must be person with parental responsibility | |
| Signature of Parent/Guardian/Carer and date | |