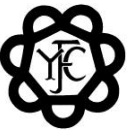


• PARENTAL AND MEDICAL CONSENT FORM FOR A SOUTH WEST AREA EVENT.



IF YOU ARE UNDER 18 YEARS OF AGE PLEASE GET A PARENT/GUARDIAN TO COMPLETE AND SIGN THE FOLLOWING DECLARATIONS:

I hereby give consent for from YFC to participate in South West Area: **ACTIVITIES WEEKEND 2018 IN WESTON SUPER-MARE**
From: **FRIDAY 2nd MARCH 2018** To: **SUNDAY 4th MARCH 2018**

Address:

Telephone: Age: Date of Birth: Male / Female

Two responsible adults who can be contacted in an emergency:

Name 1: **Address:**

Telephone (home): (work): (mobile):

Name 2: **Address:**

Telephone (home): (work): (mobile):

MEDICAL HISTORY

Name of Doctor:

Address:

Telephone:

Have you ever suffered from any of the following conditions? Diabetes, Asthma, Migraine, Epilepsy, bad period pains or any other illness **YES / NO**

If yes, give details

Are you allergic to anything? (e.g. penicillin, elastoplasts, aspirin or any such medicines, any particular food)

YES / NO If yes, give details

Are you receiving any medical treatment or on any prescribed medication? **YES / NO**

If yes, give details

Details of any medication to be taken, include frequency and any relevant side effects?

Do you have any disabilities? **YES / NO**

If yes, give details

Do you have any other special needs? (Dietary, wheel chair access)

TRAVEL I am happy for my son/daughter to be transported by a member of YFC, of either sex, to and from the South West Area event mentioned above.

I have read and understood the attached itinerary and hereby give my consent for my son/daughter to take part in this/these events. I understand that the insurance policy is made available to me via the County Office and understand the extent and limitations of the insurance cover provided. I understand that while the adults in charge of the party will take all reasonable care of the young people, they cannot necessarily be held responsible for any loss, damage or injury suffered arising during or as a result of the activity. The above medical information is correct as far as I know

Under the Data Protection Act 1998 we need to obtain your consent before photographing/videoing your son/daughter. We therefore ask your consent for still photographs/video production to be taken of your son/daughter for use within displays, or for marketing and advertising purposes; in addition, local/regional/national press may also photograph participants on occasions such as during/following Presentation of Award ceremonies. I also consent for photographs to be used in publicity and marketing by NFYFC.

Signature of Parent/Guardian: **Date:**

Permission to consent to Medical Treatment

The above medical information is correct as far as I know. In the event that I cannot be reached in an emergency, I hereby give my permission to the physician, selected by acting on my behalf to hospitalise or treat my son/daughter, including proper anaesthesia, injection, or surgery. In the event of illness or any accident requiring emergency hospital treatment of, I authorise (agent acting on their behalf) to sign on my behalf any written form of consent required by the hospital authorities, if the delay to obtain my signature is considered inadvisable by the doctor or surgeon concerned.

Signature of Parent/Guardian: **Date:**

● SUPERVISING MEMBER FORM FOR A SOUTH WEST AREA EVENT



⇒ **IMPORTANT GUIDANCE NOTICE** for Members attending South West Area Events and bringing Members under the age of 18 to such events.

SWA will take responsibility for ensuring the safe running of all its events by working with the venue management and our own team of Stewards.

YFC members under the age of 18 are invited to attend all SWA events. Their attendance should be in accordance with the Child Protection Policy, which has been produced by NFYFC and now adopted by all County Federations.

SWA will need to see the Parental Consent Form as a condition of entry into the SWA event. As part of this condition, we will also require contact details for the older YFC member who is supervising the younger member(s) at our event.

In the event of an accident / injury to a younger member (under the age of 18), SWA will liaise with the named individual who is supervising the younger member. This will be particularly pertinent if the accident is serious and we have to undertake an Accident Investigation in conjunction with the relevant authorities eg the Police, Health and Safety Inspectorate etc.

BLOCK CAPITALS PLEASE

Name of SWA event:	ACTIVITIES WEEKEND 2018 – WESTON SUPER-MARE
Date(s):	FRIDAY 2 nd – SUNDAY 4 th MARCH 2018
Name of YFC member under 18 being supervised:	
Membership Number:	
County Federation:	
<u>SUPERVISING MEMBER</u> Name:	
Membership number:	
County Federation:	
Mobile telephone number:	
Other emergency contact details, e.g. brother/sister, friend	
As the named individual with responsibility for supervising the under age member at an event, I agree to co-operate with SWA during any Accident Investigation relating to the individual YFC member I am supervising.	
Signature of supervising member:	
Date:	