



Parental consent for under-18 year old members attending

County/Club name:

This form is to be completed by the Parent or Guardian of the male/female member named below **who is under 18 years of age** on 1st September 2013. It gives consent for that member to attend the events stated on the club/county programme and the responsibility for the supervision of that member to the club/county officers, when the parent is not attendance.

Suffolk club/county will take responsibility for ensuring the safe running of its entire programme; participation will be in accordance with the County Safeguarding Children and Young People Policy. In the event of an accident involving a member under the age of 18, the club/county will liaise with the parent and/or the club/county officers. This will be particularly pertinent if we are required to undertake an accident investigation in conjunction with the relevant authorities including the Police, Health and Safety Inspectorate etc

Please use block capitals through-out

Name:

Surname:

DOB:

Age:

Membership number:

Club:

Doctors info

Name:

Telephone:

Address:

Has the named participant ever suffered from any of the following conditions: Diabetes, Asthma, bad period pains, Migraine, Epilepsy, or any other illness?	Yes	No	If yes, please give details...
Is the named participant allergic to anything (e.g. antibiotics, penicillin, elastoplast, aspirin or any such medicines, any particular food etc.)?	Yes	No	If yes, please give details...
Is the named participant receiving any medical treatment or on any prescribed medication?	Yes	No	If yes, please give details...
Does the participant have any disabilities, additional needs and/or behavioural difficulties?	Yes	No	If yes, please give details...
Details of any medication to be taken, include frequency and any relevant side effects?	Yes	No	If yes, please give details...
Does the participant have any other additional needs? (Dietary, wheel chair access, etc).	Yes	No	If yes, please give details...
Any other relevant information	Yes	No	If yes, please give details...



Information and Emergency Contact Details

The medical information overleaf is correct to the best of my knowledge and in the event of illness or accident requiring hospital treatment I understand that the responsible person at the club/county will make every effort to contact me. In an emergency doctors/surgeons will make the decision regarding the necessary treatment without my consent.

I have read and understood the attached information and hereby give my consent for my son/daughter to take part in this activities displayed on the programme for Suffolk YFC. I understand that the NFYFC insurance policy is available on request. I am aware that while the adults in charge of the event will take all reasonable steps to protect all participants from harm, they cannot necessarily be held responsible for any loss, damage or injury suffered during or as a result of the activity.

Parent/guardian
signature:

Date:

Address:

Town:

County:

Postcode:

Emergency Contacts (must be parent/guardian)

Contact 1

Name:

Mobile tel:

Tel number:

Alt tel number:

Contact 2

Name:

Mobile tel:

Tel number:

Alt tel number:

I understand that I have a responsibility to inform the club/county of any changes to this information to ensure leaders have the most current information. If this form is completed incorrectly the club/county will contact you to ascertain the relevant information.