



PARENTAL CONSENT FORM FOR YFC MEMBERS UNDER THE AGE OF 18

(Single Event Only)

Name: _____

D.O.B: _____

Event: _____

Date of Event: _____

This form is to be completed by the Parent or Guardian of the member or young person named above who is under 18 years of age on 01/09/2021. It gives consent for that member to attend the event listed above and the responsibility for the supervision of that young person to the relevant officers, when the parent is not attendance.

The YFC will take responsibility for ensuring the safe running of the event; participation will be in accordance with the organisation's Safeguarding of Children and Young People Policy. In the event of an accident involving a member under the age of 18, the organisation will liaise with the parent and/or the relevant officers.

Doctors Details

Name: _____

Contact No.: _____

If you answer 'yes' to any of the following, please give details in space provided. (Use back of sheet if needed)

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
Is the named participant allergic to anything (e.g. antibiotics, penicillin, elastoplast, aspirin or any such medicines, any particular food etc.)?	Yes/No
Is the named participant receiving any medical treatment or on any prescribed medication? Does the participant have any disabilities, additional needs and/or behavioural difficulties? Details of any medication to be taken, include frequency and any relevant side effects?	Yes/No
Does the participant have any other additional needs? (Dietary, wheel chair access, etc). Any other relevant information	Yes/No
Additional Space:	

Information and Emergency contact details

Parent/Guardian name and relationship to young person: _____

Emergency Contact No's: _____

The medical information 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 give my consent for my son/daughter to take part in the event organised by the YFC. I understand that the YFC 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: _____