



PARENTAL CONSENT FOR UNDER-18 YEAR OLD MEMBERS ATTENDING

(PLEASE INSERT NAME OF EVENT OR COMPETITION HERE) _____

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 *(please insert date of competition/event)* _____. It gives consent for that member to attend the event and the responsibility for the supervision of that member to a named individual, when the parent is not attendance. Where the parent is in attendance they are responsible for their child for the duration of the event. If you as the parent are attending please complete sections 1 and 3 of this form, if your child is attending with a supervising adult please ensure they (the supervising adult) complete section 2.

NFYFC will take responsibility for ensuring the safe running of all its events by working with the venue management and our own team of staff and stewards. Member's attendance will be in accordance with the NFYFC Safeguarding Policy. In the event of an accident or concern arising involving a member under the age of 18, NFYFC will liaise with the parent or the named individual who is supervising the member. Details on this form will be held securely and will only be shared with staff or others who need this information in order to meet the specific needs of your child.

Please use block capitals through-out

SECTION I – Details of under-18 year old member *(This section to be completed by the parent/guardian)*

Competition name:		
Full name of YFC member:		
Date of Birth:		
YFC Membership Number:		
Name of YFC Club:		
Name of County Federation:		
MEDICAL HISTORY		
Name and address of Doctor:		Contact Tel:
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, 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, give details:	
Is the named participant receiving any medical treatment or on any prescribed medication?	YES / NO If yes, give details:	
Does the participant have any disabilities, additional needs and/or behavioural difficulties?	YES / NO If yes, give details:	
Details of any medication to be taken, include frequency and any relevant side effects?		
Any other relevant information	Please give details.	

IF YOU, AS THE PARENT/GUARDIAN ARE ATTENDING THIS EVENT PLEASE TICK THIS BOX AND PROCEED TO SECTION 3



SECTION 2 – Details of the adult nominated by the parents/guardian to supervise the member named overleaf

(This section to be completed by the supervising adult)

Name of person to supervise under 18 member:	
Membership number (if applicable):	
County Federation (if applicable):	
Mobile telephone number:	
Relationship to under 18 year old member: Please specify: friend, family member, etc.	
As the named individual with responsibility for supervising the underage member, I agree to co-operate with NFYFC during any accident investigation relating to the individual YFC member I am supervising.	
Signature of supervising member:	
Date:	

SECTION 3

Information and Emergency Contact Details *(This section to be completed by the parents/guardians)*

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 event 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 event. 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.

Signed : **(*Parent/Guardian) Date:**

Full Name (BLOCK CAPITALS)

Address:

Do you have parental responsibility and/or legal guardianship in relation to this member? Yes / No

EMERGENCY CONTACTS

Name: (Parent/Guardian)

Tel (home):

Tel (work):

Mobile:

Name: (Parent/Guardian)

Tel (home):

Tel (work):

Mobile:

I understand that I have a responsibility to inform NFYFC staff prior to the event of any changes to this information. If this form is completed incorrectly NFYFC will contact you to ascertain the relevant information.

**National Federation of Young Farmers' Club
Photographic Consent Form for under-18 year old Members**

Occasionally, we may take photographs or commission external companies to photograph or film on our behalf, members participating at our National Federation of Young Farmers' Club activities, competitions and events. These may be used by ourselves for promotional purposes, such as displays, scrapbooks, newsletters, on the website, social networking sites or in publications.

The event, competition or activity may also be visited by the media who will take photographs or film footage which may lead to members appearing in these images in local or national newspapers, or on televised or internet news programs.

Please complete the details below to indicate your consent to be photographed and for these images/films or audio to be used by The National Federation of Young Farmers' Clubs. Parents, guardians, carers or legal representatives please sign for people under the age of 18.

Competition name:	
Full name of YFC member:	
Date of Birth:	
Address:	
YFC Membership Number:	
Name of YFC Club:	
Name of County Federation:	

If under 18, please ask your parent/guardian to complete the details below:

May we (NFYFC) use your child's photograph in Young Farmers printed publications that we produce for promotional purposes?	Yes/No
May we use your child's image on our website?	Yes/No
May we record your child's image on our video?	Yes/No
Are you happy for your child to appear in the media? (inc press and social media)	Yes/No
Are you happy for your child's name to accompany an image in:	Yes/No
our printed publications?	Yes/No
our website?	Yes/No
our video?	Yes/No
our social media?	Yes/No
the media?	Yes/No

Full Name of parent/guardian (BLOCK CAPITALS):	
Address:	
Relationship with YFC member?	
Signature:	
Date:	

**Please complete and return this form 10 days prior to the event to:
NFYFC, YFC Centre, 10th Street, Stoneleigh Park, Kenilworth, Warwickshire. CV8 2LG
Or preferably email to post@nfyfc.org.uk**