

GLOUCESTERSHIRE FEDERATION OF YOUNG FARMERS CLUBS
PARENTAL/GUARDIAN CONSENT FORM FOR COUNTY ACTIVITIES

1st SEPTEMBER 2011 – 31st AUGUST 2012

Dear Parent/Guardian

All young people under the age of 18 years must have parent/guardian permission before joining a Young Farmers' Club. This form consents for the named member to attend **County** events as detailed in the Club events programme which may include the Rally, competitions, discos and dances. It also gives the responsibility for the supervision of that member to an individual in a position of responsibility and authority for him/her to sign, on your behalf, any papers needed by the medical authorities in case of emergency hospital treatment.

Gloucestershire FYFC will take responsibility for ensuring the safe running of all its events. When YFC members under the age of 18 are invited to attend, their attendance should be in accordance with the Safeguarding Children and Young People Policy, which has been produced by NFYFC. If the details on this consent form change at any time please contact the County Office.

Please complete this form in BLOCK CAPITALS

MEMBER'S DETAILS:

Name:	Club:
Date of Birth:	Age:
Address:	Post Code:
Contact Telephone No / Mobile:	

EMERGENCY CONTACT DETAILS:

Address: (If different to above)	Post Code:	
Telephone Home:	Work:	Mobile:
2) Name:	Relationship to member:	
Address: (If different to above)	Post Code:	
Telephone Home:	Work:	Mobile:

MEDICAL HISTORY:

Name of Doctor:	Telephone No:
Address:	Post Code:
Has the young person 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 young person allergic to anything (e.g. antibiotics, penicillin, elastoplasts, aspirin or any such medicines, any particular food etc.)?	YES / NO If yes, give details:

Is the young person receiving any medical treatment or on any prescribed medication? YES / NO If yes, give details:

Does the young person have any disabilities and/or behavioural difficulties? YES / NO If yes, give details:

Please continue overleaf

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

Does the young person have any other special needs? (dietary, wheelchair access, etc.)

Any other relevant information

DECLARATIONS:

The medical information given above is correct as far as I know and in the event of illness or accident requiring hospital treatment, I give my consent for the Club Leader or equivalent to sign on my behalf any written form of consent required by the hospital authorities, if the delay to obtain my own signature is considered inadvisable by the doctor/surgeon concerned.

I understand that the YFC insurance policy is available to me from the County office or NFYFC and understand the extent and limitations of the insurance cover provided. I understand that there is only a very limited Personal Accident Policy in place. I understand that while the members in charge of the Club 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 Count/Club activities. The diary of GFYFC events is on www.gloucestershireyfc.co.uk. If you do not wish your son/daughter to take part in a specific event please put this in writing to the GFYFC office.

I hereby give my consent for my son/daughter to be a participating member of **(Club name)** until 31st August 2012.

Signature of Parent/Guardian: Date:

PHOTOGRAPHIC CONSENT:

Occasionally, we may take photographs of the members at our Young Farmers' Club activities; these may be used by ourselves for promotional purposes, displays or scrapbooks. They may also be supplied to Gloucestershire YFC and the National Federation of Young Farmers' Clubs for use in newsletters, on the website or the Ten26 publication.

The club may also be visited by the media who will take photographs or film footage of high profile events. Members may appear in these images which could appear in local or national newspapers, or on televised news programs.

Please complete the details below to indicate your consent for your child to be photographed and for these images/films or audio to be used by the Young Farmers' Club and at a national level. We will use the name of the young person to accompany images unless you state otherwise.

May we 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?	Yes / No
Are you happy for your child's name to accompany any of the above?	Yes / No

Name of Parent/Guardian:

Signature of Parent/Guardian: Date: