



**PARENTAL CONSENT/SUPERVISION FOR UNDER-18 YEAR OLD MEMBERS
ATTENDING THE 2012 SWA COMPETITIONS WEEKEND**

Sections 1 and 3 of this form is to be filled in by the Parent or Guardian of the boy/girl named below **who is under 18 years of age** on **(please insert date of competition day)**.....9th/10th/11th March 2012..... It gives consent for that member to attend the event and also gives the responsibility for the supervision of that member to a named individual (See Section 2) and authority for him/her to sign, on your behalf, any papers needed by the medical authorities in case of emergency hospital treatment.

SWA YFC 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 NFYFC events. Their attendance should be in accordance with the Safeguarding Children and Young People Policy, which has been produced by NFYFC.

In the event of an accident / injury to a younger member (under the age of 18), NFYFC 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.

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:	SWA Competitions weekend Torquay, 9 th -11 th March 2012	
Full name of under 18 year old YFC member:		
Date of Birth:		
YFC Membership Number:		
Name of YFC Club:		
Name of County Federation:	GLOUCESTERSHIRE	
MEDICAL HISTORY		
Name of Doctor:		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 and/or behavioural difficulties?	YES / NO	If yes, give details:
Details of any medication to be taken, include frequency and any relevant side effects?		
Does the participant have any other special needs? (dietary, wheel chair access, etc).	Please give details.	
Any other relevant information		



SECTION II – Details of nominated member supervising the u-18 year old named overleaf

(This section to be completed by the supervising member)

Name:	
Membership number:	
County Federation:	
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 under age 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 III - Declaration & Emergency Contacts (This section to be completed by the parent(s)/guardian(s))

DECLARATION

The medical information overleaf is correct as far as I know and in the event of illness or accident requiring hospital treatment, I give my consent for the nominated member above 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 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 insurance policy made available to my via the county office or NFYFC and understand the extent and limitations of the insurance cover provided. I understand that while the adults in charge of the event 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.

I note that NFYFC may be taking photographs during the course of the event and *do/do not wish photographs of my *son/daughter to be used in NFYFC's marketing and publicity material.

*(*please delete as applicable)*

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

Full Name (BLOCK CAPITALS)

Address:

EMERGENCY CONTACTS

Name: (Parent(s)/Guardian(s))

Tel (home):
Tel (work):
Mobile:

Name: (Parent(s)/Guardian(s))

Tel (home):
Tel (work):
Mobile:



NATIONAL FEDERATION OF YOUNG FARMERS' CLUBS
National Federation of Young Farmers' Club
Photographic Consent Form for 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 or the Ten26 publication.

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 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. We will use the name of the young person to accompany images unless you state otherwise.

Name of member.....
 Membership Number.....
 Date of Birth.....
 Address.....

 Young Farmers Club.....

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

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

Parent/Guardian name.....
 Address (if different from above).....

 Relationship to the young person.....
 Signature..... Date.....

When complete; copies of this form should be given to your responsible adult and the Gloucestershire YFC Office, the original form must be kept with you at all times during the SWA weekend 9th/10th/11th March 2012