



PARENTAL CONSENT/SUPERVISION FOR UNDER-18 YEAR OLD MEMBERS ATTENDING THE 2009

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**)..... 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.

NFYFC 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:		
Full name of under 18 year old YFC member:		
Date of Birth:		
YFC Membership Number:		
Name of YFC Club:		
Name of County Federation:		
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. <i>(*please delete as applicable)</i>	
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:

I understand I have a responsibility to inform the Competitions & Events Officer prior to the event of any changes to this declaration.

Please complete and return this form to:
Competitions & Events Department, NFYFC, YFC Centre, 10th Street, Stoneleigh Park, Kenilworth, Warwickshire. CV8 2LG