**Social Event Parental Consent Form**

This form is to be completed by the Parent or Guardian of the member named below **who is under 18 years of age.** It gives consent for that member to attend the above event and the responsibility for the supervision of that member to a named individual, as the parent is not attendance.

NFYFC will take responsibility for ensuring the safe running of all its events. Member’s attendance will be in accordance with the NFYFC Social Regulations (available upon request). In the event of an accident involving a member under the age of 18, NFYFC will liaise with the parent or the named individual who is supervising the member.

#### SECTION I – Details of under 18 year old member

#### (*This section to be completed by the parent/guardian*)

|  |  |  |  |
| --- | --- | --- | --- |
| **Event name:** |  | | |
| **Full name of YFC member:** |  | | |
| **Date of Birth:** |  | | |
| **YFC Membership Number:** |  | | |
| **Name of YFC Club:** |  | | |
| 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 | |

### SECTION 2 – Details of the supervising member nominated by the parents/guardian

(*This section to be completed by the member supervising the under 18 member at the event)*

|  |  |
| --- | --- |
| **Name of person to supervise under 18 member at the event:** |  |
| **Membership number:** |  |
| **Mobile telephone number:** |  |
| **Relationship to under 18 year old member:**  Please specify: club officer, family member, etc. |  |
| **As the named individual with responsibility for supervising the underage member, I agree to be in a fit state to deal with issues if they arise, arrive at the same time or before the named under 18 to sign them in, not leave the event until the named under 18 has left and meet up regularly whilst at the event to check they are okay.** | |
| **Signature of supervising member:** |  |
| **Date:** |  |

**SECTION 3**- Information and Emergency Contact Details

(*This section to be completed by the parents/guardians)*

|  |  |
| --- | --- |
| I agree that photographs and videos may to be taken, used, shared and/or reproduced of my child and used for marketing and publicity purposes through the media and social media, YFC website and printed publications in and outside the organisation.  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. I hereby give my consent for my son/daughter to take part in this event. 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 :** | |
| **Address :** | |
| **EMERGENCY CONTACTS** | |
| **Name:** (Parent/Guardian) | **Tel (home):**  **Mobile:** |
| **Name:** (Parent/Guardian) | **Tel (home):**  **Mobile:** |