



Parental consent for under-18 year old members attending

County/Club name:	
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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 1<sup>st</sup> September 2014. It gives consent for that member to attend the events stated on the club/county programme and the responsibility for the supervision of that member to the club/county officers, when the parent is not attendance.

Suffolk club/county will take responsibility for ensuring the safe running of its entire programme; participation will be in accordance with the County Safeguarding Children and Young People Policy. In the event of an accident involving a member under the age of 18, the club/county will liaise with the parent and/or the club/county officers. This will be particularly pertinent if we are required to undertake an accident investigation in conjunction with the relevant authorities including the Police, Health and Safety Inspectorate etc

**Please use block capitals through-out**

Name:		
Date of birth:		
Club Name:		
Medical History		
Name & 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	
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?	Yes/No If yes, give details	
Does the participant have any other additional needs? (Dietary, wheel chair access, etc).	Yes/No If yes, give details	
Any other relevant information	Please give details	



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 activities and events. These may be used by ourselves for promotional purposes such as displays, newsletters, on our website, social media or in publications. The events 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 programmes.

Please complete the details below to indicate your consent to be photographed and for these images/films or audio to be used by Suffolk Young Farmers' Clubs.

May we (Suffolk YFC) 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 an image in:- our printed publication?	Yes/No
our website?	Yes/No
our video?	Yes/No
our social media?	Yes/No
the media?	Yes/No

**Information and Emergency Contact Details**

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 club/county 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 activities displayed on the programme for Suffolk YFC. 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:

**EMERGENCY CONTACTS**

<b>Name:</b> (Parent/Guardian)	Tel (home): Tel (work): Tel (mobile):
<b>Name:</b> (Parent/Guardian)	Tel (home): Tel (work): Tel (mobile):

**I understand that I have a responsibility to inform the club/county of any changes to this information to ensure leaders have the most current information. If this form is completed incorrectly the club/county will contact you to ascertain the relevant information.**