

# Youth Weekend Parental consent form

Group: 11-18 years old  
Event: Autumn Youth Weekend  
Venue: Elm Tree Farm, Mersham, Ashford, Kent TN25 7HZ  
Date(s): 23<sup>rd</sup> October 2015 (6.30pm) to 25<sup>th</sup> October 2015 (12.30pm midday)

We require a parent or guardian to complete this form in order for the young person to participate in this event. Bookings can be reserved by completing this form and payment can be made separately as late as Monday 5<sup>th</sup> October.

## Delegate Details

Name: \_\_\_\_\_  
Email: \_\_\_\_\_ (of parent or delegate to send details of arrangements)  
Date of Birth: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
Postcode: \_\_\_\_\_

**FEES:** Cash or cheque payable to: Willesborough Baptist Church  
**Costs:** £50.00 covers food, accommodation, activities, prizes etc.

(For bookings where 2 or more members of the family are attending there is a discount of £5 per person (ie. two persons pay £90 instead of £100).

## **Fees Attached:**

£

## Emergency Contacts

The persons to call in case of emergency during this event are:

### **Emergency contact 1**

Name: \_\_\_\_\_

Relationship  
to young person: \_\_\_\_\_

Address (if different from above): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Postcode: \_\_\_\_\_

Telephone number: (Home) \_\_\_\_\_

(Mobile) \_\_\_\_\_

### **Emergency contact 2** (if contact 1 is unavailable)

Name: \_\_\_\_\_

Relationship  
to young person: \_\_\_\_\_

Address (if different from above) : \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Postcode: \_\_\_\_\_

Telephone number: (H) \_\_\_\_\_

(M) \_\_\_\_\_

## **Medical Information**

Young person's registered GP:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone number: \_\_\_\_\_

National Health Number: \_\_\_\_\_

Please state date of last anti-tetanus injection (if known): \_\_\_\_\_

Does the young person suffer from any allergies?

**YES/NO**

(e.g. medicine, food, insects)

*(If yes, please give details)*

\_\_\_\_\_

Does the young person have any medical conditions about which we should be aware?

**YES/NO**

(e.g. asthma, fits, migraine, epilepsy)

*(If yes, please give details)*

\_\_\_\_\_

Does the young person have any disability about which we should be aware?

**YES/NO**

*(If yes, please give details)*

\_\_\_\_\_

Is the young person taking any medication?

**YES/NO**

*(If yes, please give details)*

\_\_\_\_\_

If your son or daughter comes into contact with, or suffers from any disease that may be contagious or infectious the week leading up to Elm Tree Farm, please make Paul Martin aware of it.

## **Declaration**

Please note that this declaration can only be signed by those with parental responsibility.

- I give permission for (insert name) \_\_\_\_\_ to take part in the event named above.
- I consider my son/daughter to be medically fit to participate in the activities outlined.
- I require that my son/daughter be excluded from the following: \_\_\_\_\_

\_\_\_\_\_

I undertake to inform Paul Martin should any of the above information change by the date of the event. In an emergency and/or if I cannot be contacted, I am willing for my child to receive necessary hospital or dental treatment including an anaesthetic and I authorise Paul Martin (senior youth worker) to give permission to the doctor to undertake whatever treatment is considered necessary.

Signed (parent or adult with parental responsibility): \_\_\_\_\_

Date: \_\_\_\_\_