

**WORCESTERSHIRE FEDERATION OF YOUNG FARMERS' CLUBS – PARENTAL AND MEDICAL
CONSENT FORM**



FOR: Paintballing Activity

VENUE: Go Ballistic, Blakedown, Nr Kidderminster

DATE: 31st March 2012

TIME: 8.30am-1.15pm

Name of Club/Organisation: **Worcestershire Young Farmers Clubs**

Name of Participant:

Address:

Telephone:..... Age:..... Date of Birth:..... Male / Female

I confirm thatis confident in water.

Two responsible adults who can be contacted in an emergency:

Name 1: Address:

Telephone (home): (work):..... (mobile):.....

Name 2: Address:

Telephone (home): (work):..... (mobile):.....

MEDICAL HISTORY

Name of Doctor: Address:

..... Telephone:.....

Have you ever suffered from any of the following conditions?

Diabetes, Asthma, Migraine, Epilepsy, bad period pains or any other illness

YES / NO If yes, give details.....

Are you allergic to anything (e.g. antibiotics, penicillin, elastoplast, aspirin or any such medicines, any particular food etc.)?

YES / NO If yes, give details.....

Are you receiving any medical treatment or on any prescribed medication?

YES / NO If yes, give details.....

Details of any medication to be taken, include frequency and any relevant side effects?

.....
Do you have any disabilities? YES / NO If yes, give details.....

Do you have any other special needs? (dietary, wheel chair access).....

IF YOU ARE UNDER 18 YEARS OF AGE PLEASE GET A PARENT/GUARDIAN TO SIGN THE FOLLOWING DECLARATIONS:

I have read and understood the enclosed literature and hereby give my consent for.....to take part in this event/trip. I understand that the insurance policy is made available to me via the County Office or NFYFC website and understand the extent and limitations of the insurance cover provided.

Signature of Parent/Guardian: **Date:**

The above medical information is correct as far as I know. In the event that I cannot be reached in an emergency, I hereby give my permission to the physician, selected by the Organiser acting on behalf of the County to hospitalise or treat my son/daughter, including proper anaesthesia, injection, or surgery.

Signature of parent/guardian.....**Date**.....

Under the Data Protection Act 1998 we need to obtain your consent before photographing your son/daughter. We therefore ask your consent for still photographs or video to be taken of your son/daughter either by Worcestershire Federation of Young Farmers' Clubs for use within displays, the website or for marketing and advertising purposes, in addition local press may also photograph participants on occasions. I also consent for photographs to be used in publicity and marketing for NFYFC.

I offer / do not offer consent (delete as appropriate):

Signature of Parent/Guardian.....**Date**.....