



### **PARENTAL CONSENT FOR UNDER-18 YEAR OLD MEMBERS ATTENDING EVENING EVENTS**

**(PLEASE INSERT NAME OF EVENT HERE)** \_\_\_\_\_

This form is to be completed by the Parent or Guardian of the member named below who is under 18 years of age on (please insert date of event) \_\_\_\_\_. It gives consent for that member to attend the event and the responsibility for the supervision of that member to a named individual, when the parent is not in attendance. Where the parent is in attendance they are responsible for their child for the duration of the event. If you as the parent are attending please complete sections 1 and 3 of this form, if your child is attending with a supervising adult please ensure they (the supervising adult) complete section 2.

Please use block capitals throughout

**SECTION 1 – Details of under-18 year old member (This section to be completed by the parent/guardian)**

<b>Event name:</b>	
<b>Full name of YFC member:</b>	
<b>Date of Birth:</b>	
<b>YFC Membership Number:</b>	
<b>Name of YFC Club:</b>	
MEDICAL HISTORY	
<b>Are there any changes to the original parental consent form submitted with the membership form?</b>	

**IF YOU, AS THE PARENT/GUARDIAN ARE ATTENDING THIS EVENT PLEASE TICK THIS BOX AND PROCEED TO SECTION 3**

**SECTION 2 – Details of the adult nominated by the parents/guardian to supervise the named member**

*(This section to be completed by the supervising adult)*

<b>Name of person to supervise under 18 member:</b>	
<b>Membership number (if applicable):</b>	
<b>Club (if applicable):</b>	
<b>Mobile telephone number:</b>	
<b>Relationship to under 18 year old member:</b> Please specify: friend, family member, etc.	
As the named individual with responsibility for supervising the underage member, I agree to co-operate with WFYFC during any accident investigation relating to the individual YFC member I am supervising.	
<b>Signature of supervising member:</b>	
<b>Date:</b>	

**SECTION 3**

**Information and Emergency Contact Details (This section to be completed by the parents/guardians)**

The medical information on original consent form 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. 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 event. I understand that the WFYFC 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. If there are any urgent medical needs, please write them at the bottom of this form.

**Signed** : ..... **(\*Parent/Guardian) Date:** .....

<b>Full Name (BLOCK CAPITALS)</b>	
Address:	
Do you have parental responsibility and/or legal guardianship in relation to this member?    Yes / No	
<b>EMERGENCY CONTACTS</b>	
<b>Name:</b> (Parent/Guardian)	<b>Tel (home):</b> <b>Tel (work):</b> <b>Mobile:</b>
<b>Name:</b> (Parent/Guardian)	<b>Tel (home):</b> <b>Tel (work):</b> <b>Mobile:</b>

I understand that I have a responsibility to inform WFYFC staff prior to the event of any changes to this information. If this form is completed incorrectly WFYFC will contact you to ascertain the relevant information.

**I understand that alcohol will be present at some of the WFYFC events my child will attend and it is my responsibility to advise my child that the consumption of alcohol is against the law and such behaviour will not be tolerated. Drinking before attending or during attendance at an event is strictly prohibited.**

Signed :..... (\*Parent/Guardian) Date: .....