**Permission Slip – Winter Wonderland Ball. Deadline Date Friday 11th November 2016!**

**\*\* Worcestershire 16 – 17 year old members only need fill out page 1 so long as the Parental Consent Form for County & Club events has been sent back to Gill BEFORE Friday 11th November. If not both pages must be filled out and returned to Gill before Friday 11th November 2016.**

**\*\* Out of County 16 – 17 year old members must get parents/ guardians to complete pages 1 & 2 and send to Gill Pinder @ YFC County Office, Shires Farm, Hawford, Worcester, WR3 7SG. To arrive back with Gill BEFORE Friday 11th November 2016.**

**Essential Information**

* **Name of Person whose card was used to buy the ticket/s….........................................................**
* **Number of tickets bought ……………**
* **Ticket Order Number/s .......................................................................................................................**

I give consent for my child…….…………………………………...........YFC Membership No:……………………………….

to attend the Winter Wonderland BalL taking place at Three Counties Showground, Malvern, Worcestershire WR13 6NW on Friday 25th November 2016.

I understand the event will start at 9pm and finish at 2am and that I will make suitable arrangements for the transportation of my child to and from the event. **YES/NO**

\*Will you as parent/ guardian be attending the event to supervise the named child? **YES/NO.** If **NO** please provide details of your nominated adult to supervise the named child (PLEASE USE CAPITALS)

|  |  |
| --- | --- |
| Name of supervisor |  |
| YFC membership Number |  |
| County Federation if not Worcestershire |  |
| Mobile Telephone Number |  |
| Relationship to under 18 year old member, ie friend,  family member |  |
| Signature of supervising member |  |
| Date |  |

\*I can confirm that the medical details related to the named child, and provided on the Parental Consent Form completed at the start of this membership year are up to date and valid. **YES/NO** (If NO please update in the medical section on the reverse side of this form.)

\*I can confirm that the two emergency contacts related to the named child, and provided on the Parental Consent Form completed at the start of this membership year are up to date and valid. **YES/NO** (If NO please update in the emergency contact section on the reverse side of this form.)

\*I can confirm that I provide consent for the named child to be photographed and/ or videoed during this activity and that the pictures may be used within displays, the website, or for marketing and advertising purposes and the local press may also photograph. Photographs may be used in publicity and marketing for NFYFC also. **YES/NO**

\*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. **YES/NO**

**Parent/ Guardian Printed Name: …………………………………...............................**

**Signature:………………………………………………………..**

**Date:…………………………………………………………**

**MEDICAL DETAILS**

|  |  |  |  |
| --- | --- | --- | --- |
| Doctors Name: |  | Doctors Telephone: |  |
| Doctors Address: |  | | |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Has this member ever suffered from any of the following conditions: Diabetes, Asthma, Bad period pains, Migraine, Epilepsy, or any other illness? | Yes |  | No |  | *If yes, please give details...* |
|  | | | | |
| Is this member allergic to anything (e.g. antibiotics, penicillin, elastoplast, aspirin or any such medicines, any particular food etc.)? | Yes |  | No |  | *If yes, please give details...* |
|  | | | | |
| Is this member receiving any medical treatment or on any prescribed medication? | Yes |  | No |  | *If yes, please give details...* |
|  | | | | |
| Does this member have any disabilities, additional needs and/or behavioural difficulties? | Yes |  | No |  | *If yes, please give details...* |
|  | | | | |
| Details of any medication to be taken, include frequency and any relevant side effects? | Yes |  | No |  | *If yes, please give details...* |
|  | | | | |
| Does this member have any other additional needs? (Dietary, wheel chair access, etc). | Yes |  | No |  | *If yes, please give details...* |
|  | | | | |
| Any other relevant information | Yes |  | No |  | *If yes, please give details...* |
|  | | | | |

**Please delete as appropriate**

\* The medical information provided above is correct to the best of my knowledge **Yes/No**

\* 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 **Yes/No**

\* In an emergency doctors/surgeons will make the decision regarding the necessary treatment without my

consent **Yes/No**

**EMERGENCY CONTACT DETAILS (must be parent/guardian)**

**Contact 1**

|  |  |  |  |
| --- | --- | --- | --- |
| Name: |  | Mobile Tel: |  |
| Tel No: |  | Alternative Tel No: |  |

**Contact 2**

|  |  |  |  |
| --- | --- | --- | --- |
| Name: |  | Mobile Tel: |  |
| Tel No: |  | Alternative Tel No: |  |