



Sections 1 and 2 of this form are to be filled in by the Parent or Guardian of the boy/girl named below who is under 18 years of age. It gives consent for that member to attend the _____ on _____ and also gives the responsibility for the supervision of that member to an individual in a position of responsibility and authority for him/her to sign, on your behalf, any papers needed by the medical authorities in case of emergency hospital treatment.

Herefordshire Federation of Young Farmers' Club will take responsibility for ensuring the safe running of all its events. When YFC members under the age of 18 are invited to attend their attendance should be in accordance with the Safeguarding Children and Young People Policy, which has been produced by NFYFC.

IF THIS FORM IS BEING USED FOR ATTENDING A HFYFC EVENT (Dance, Ball etc) PLEASE SEE NOTE BELOW ABOUT VALID FORMS OF ID.

SECTION I – Details of under-18 year old member

(This section to be completed by the parent/guardian)

| | | |
|--|--------------------------------|------|
| Full name of under 18 year old YFC member: | | |
| Date of Birth: | | |
| Address of young person: | | |
| YFC Membership Number: | | |
| Name of Club: | | |
| MEDICAL HISTORY | | |
| Name of Doctor: | | 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, elastoplasts, 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 and/or behavioural difficulties? | YES / NO If yes, give details: | |
| Details of any medication to be taken, include frequency and any relevant side effects? | | |
| Does the participant have any other special needs? (dietary, wheel chair access, etc) | | |
| Any other relevant information | | |



SECTION II - Declaration & Emergency Contacts

(This section to be completed by the parent(s) or guardian(s))

DECLARATION

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 event. I understand that the insurance policy made available to me via the county office or NFYFC and understand the extent and limitations of the insurance cover provided. I understand that while the adults in charge of the event will take all reasonable care of the young people, they cannot necessarily be held responsible for any loss, damage or injury suffered arising during or as a result of the activity.

Signed (*Parent/Guardian)

Date:.....

Full Name (BLOCK CAPITALS)

Address:

EMERGENCY CONTACTS

Name: (Parent(s)/Guardian(s))

Tel (home):

Tel (work):

Mobile:

Name: (Parent(s)/Guardian(s))

Tel (home):

Tel (work):

Mobile:

THIS CONSENT FORM DOESN'T REMOVE THE REQUIREMENT TO PROVIDE VALID ID

**VALID FORMS OF ID: Current Passport, Driving Licence, Shotgun or Firearms Certificate or Proof of Age Standard Scheme (PASS)
 Card carrying PASS hologram.**

Student cards, bank cards & YFC cards will not be accepted.

