

# EARLEY CHRISTIAN FELLOWSHIP PARENTAL CONSENT FORM FOR YOUNG PEOPLE UNDER 18 YEARS OLD

**If you are over 18, please just complete the name and address.**

APPLICATION FOR YOUTH WEEKEND 10<sup>TH</sup>-12<sup>TH</sup> Feb. 2012

**Please** complete a separate form for each person applying and send (or hand) it to Matt Parting with your money/cheque for £14.00 by Wednesday 1st February 2012. Cheques to be payable to Earley Charitable Trust.

NAME \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_

ADDRESS \_\_\_\_\_

\_\_\_\_\_ Tel No \_\_\_\_\_ Mob No \_\_\_\_\_

**EMERGENCY AUTHORITY FOR YOUTH WEEKEND (Peter Cowling).**

*~ This section must be completed by the parent or guardian. It provides important information for the good care of your child including giving responsibility to the youth leader for his/her safety, and authority for the leader to sign, on your behalf any papers needed by the medical authorities in case of emergency hospital treatment.*

I give permission for \_\_\_\_\_ to attend the youth weekend 10-12 Feb. 2012. I will inform you if he/she has contact with any infectious disease within 3 weeks of the event, if any medication is necessary during the weekend and of the appropriate hospital concerned if under treatment. I will provide any pills/medicine clearly marked with name and dose before departure where necessary. In the event of illness or accident requiring emergency hospital treatment, I authorize you, as youth leader, to sign, on my behalf, any written form of consent required by the hospital authorities, if the delay required to obtain my own signature is considered inadvisable by the surgeon concerned.

- He/She has/has not special dietary requirements\_e.g. vegetarian, wheat intolerance etc. Details overleaf.
- I give permission for photographs of youth activities to be taken during the weekend which may include my child. Yes/No
- I give permission for my son/daughter to be transported from the Church location to the sporting activities by way of the church mini bus or private transport available to ECF. Yes/No.
- I give details overleaf of any allergies (e.g. penicillin) or disabilities (e.g. travel sickness, asthma) that my child has, including usual remedies.
- He/she has/has not\* been immunised against tetanus in the last 10 years. *\*delete as appropriate*

His/her National Health Number is \_\_\_\_\_

Name and address of family doctor \_\_\_\_\_

\_\_\_\_\_ Tel \_\_\_\_\_

I give overleaf details of where I can be contacted during the weekend of 10-12 Feb. 2012 if I am not going to be at the address given above.

SIGNED \_\_\_\_\_ (Parent/Guardian) DATE \_\_\_\_\_

Although we have the usual public liability insurance, some may feel happier if they take out their own personal accident cover.

