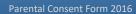
## **Staffordshire Young Farmers National Federation of Young Farmers' Clubs**





## PARENTAL CONSENT FOR UNDER-18 YEAR OLD MEMBERS ATTENDING

This form is to be completed by the Pare	ent of Guardian of the male/	emale member named below who is under	16 years of age. It gives consent for
that member to attend	and the res	sponsibility for the supervision of that mem	ber to a named individual, when the
		are responsible for their child for the durat orm, if your child is attending with a super	
Young I	Farmers, Staffordshire Feder	ation & NFYFC will take responsibility for	ensuring the safe running of all its
-		staff and stewards. Member's attendance w	
		event of an accident involving a m	
		he named individual who is supervising the in conjunction with the relevant authorit	
Please use block capitals through-out			
SECTION I – Details of under 18 year old	member (This section to be co	ompleted by the parent/guardian)	
Full name of YFC member:			
Date of Birth:			
YFC Membership Number:			
Name of YFC Club:			
Name of County Federation:	STAFFORDSHIRE		
MEDICAL HISTORY			
Nar	me and address of Doctor:		Contact Tel:
Has the manned montricinent array or	offered from any of the	VEC / NO If was give detailed	
Has the named participant ever suffered from any of the following conditions: Diabetes, Asthma, bad period pains,		YES / NO If yes, give details:	
Migraine, Epilepsy, or any other illnes			
Is the named participant allergic to anything (e.g. antibiotics,		YES / NO If yes, give details:	
penicillin, elastoplasts, aspirin or any such medicines, any			
particular food etc.)?			
Is the named participant receiving any	y medical treatment or on	YES / NO If yes, give details:	
any prescribed medication?			
Does the participant have any disa	bilities, additional needs	YES / NO If yes, give details:	
and/or behavioural difficulties?		, , , , , , , , , , , , , , , , , , , ,	
Details of any medication to be taken	, include frequency and		
any relevant side effects?		Bloom in data in	
Any other relevant information		Please give details.	

If you, as the parent/guardian are attending the event please tick this box & proceed to section 3

## SECTION 2 - Details of the adult nominated by the parents/guardian to supervise the member named overleaf

(This section to be completed by the supervising adult)

Name of person to supervise under 18 member:				
Membership number (if applicable):				
Wellibership humber (il applicable).				
County Federation (if applicable):				
Mobile telephone number:				
Relationship to under 18 year old member:				
Please specify: friend, family member, etc.				
As the named individual with responsibility for supervising the underage member, I agree to co-operate with Waterhouses YFC, Staffordshire				
Federation & NFYFC during any accident investigation relating to the individual YFC member I am supervising.				
Signature of supervising member:				
Date				
Date:				
SECTION 3				
Information and Emergency Contact Details (This section to be completed by the parents/guardians)				
The medical information overleaf is correct to the best of	f my knowledge and in the event of illness o	r accident requiring hospital treatment I		
understand that the responsible person at the event will m	-			
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				
YFC, Staffordshire Federation & NFYFC 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.				
Signed:(*Parent/Guardian) Date:				
Full Name (BLOCK CAPITALS)				
Address:				
EMERGENCY CONTACTS				
Name: (Parent/Guardian)		Tel (home):		
		Tel (work): Mobile:		
Name: (Parent/Guardian)		Tel (home):		
wanne. (Parent/Guarulan)		Tel (work):		
		Mobile:		