



STAFFORDSHIRE FEDERATION OF YOUNG FARMERS' CLUBS

YFC Centre, County Showground, Weston Road, Stafford, ST18 0BD



President: Philip Bourne **Chairman:** Amy Boothby
Treasurer: Angela Woodward **Organiser:** Julia Taylor



PARENTAL CONSENT FOR UNDER-16 – 17 YEAR OLDS STAFFORDSHIRE YFC MEMBER ATTENDING THE AUTUMN BALL, PIRELLI STADIUM, BURTON ON TRENT ON SATURDAY 16TH OCTOBER, 9PM – 1AM

For those 17 years of age and under, proof of a negative Covid test (lateral flow or PCR test) – the test must have been taken and results logged on the <https://www.gov.uk/report-covid19-result> website no more than 48 hours before the event - and bring the email/text confirmation to the event

Face covering to be worn when entering the event and signing in.

This form gives consent for _____ (name of your son/daughter) to attend the above social event and also gives the responsibility for the supervision of him/her to _____ (name of the member aged 18+ who will arrive with your son/daughter) 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.

Staffordshire 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.

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 County Federation:	STAFFORDSHIRE
MEDICAL HISTORY	
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, elaplasts, 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:



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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 as far as I know and in the event of illness or accident requiring hospital treatment, I give my consent for the Club leader or equivalent to sign on my behalf any written form of consent required by the hospital authorities, if the delay to obtain my own signature is considered inadvisable by the doctor/surgeon concerned.

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.

I understand that this is a licensed event and that my son/daughter must abide by the SCFYFC Policy Statement on Alcohol Use, Issue Level 3 which is in accordance with the Licensing Act 2003 and that should he/she breach any part of this policy, I will be telephoned and asked to collect my son/daughter from this event. I also give consent for the named 18+ member below, to supervise my son/daughter on the night.

Signed _____ (*Parent/Guardian) Date: _____

Full Name (BLOCK CAPITALS)

Address:

EMERGENCY CONTACTS – PLEASE INDICATE WHICH NUMBER IS AVAILABLE ON THE NIGHT OF SATURDAY 16TH OCTOBER 2021 – THANK YOU.

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

Tel (home):

Tel (work):

Mobile:

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

Tel (home):

Tel (work):

Mobile:

Section III – Supervision of your son/daughter by a member of Staffordshire YFC aged 18+

Name of the 18+ member	
Contact Number	

I the above named member will take responsibility for the above named 16 – 17 year old member on the evening of the Autumn Ball at Pirelli Stadium on Saturday 16th October 2021. I have read and understand that should there be any breaches of the SCFYFC Behaviour and Alcohol Policy, involving the above named member then both myself and the above named member will be asked to leave the event and that there may be further consequences as per the policy.

Signed _____ (member of Staffordshire YFC aged 18+)

Dated _____