

Parental Consent and Medical Form for Events, Activities and Residential Holidays for under 18s



GroupYouth Weekend.....
Event’Mess to Message’ Youth Weekend.....
Venue Longcroft Church, Storeton Lane, Barnston, Wirral... CH61 1BU.....
Date(s) and times: From...7pm 25 October 2019.....To 2pm ...27 October 2019.....

This form must be completed by a parent/guardian in order for the child/young person to participate in the event/activity. It should be signed and returned to:

Name **Heidi White**.....by**25 October 2019**..... (date)

PLEASE NOTE: IF THIS FORM IS NOT COMPLETED IN FULL AND RETURNED TO THE PERSON NAMED ABOVE THE CHILD/YOUNG PERSON WILL NOT BE ABLE TO PARTICIPATE IN THE EVENT/ACTIVITY.

Full name of child/young person

.....
Date of birth / /
Address
.....
Postcode:

Telephone number(s):

The person to contact in case of emergency during this event is:

Name
Relationship to child/young person:
Address:
.....
Telephone number(s):
Email address:

Should the above not be available, please contact:

Name
Relationship to child/young person:
Address:
.....
Telephone number(s):
Email address:

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Child's/young person's registered GP

Name

Address

Telephone number(s):

Does the child/young person suffer from any allergies? **Yes /No** (e.g. medicine, food, insects...)

.....
.....(If yes, please give details)
.....
.....

Does the child/young person have any medical conditions about which we should be aware? **Yes/ No** (e.g. asthma, fits, migraine, epilepsy).....

..... (If yes, please give details)
.....

Does the child/young person have any disability about which we should be aware? **Yes /No**

.....
.....

(If yes, please give details)

.....
.....
.....

Is the child/young person taking any medication?

Yes /No

(If yes, please give details.)

.....
.....
.....
.....

Has the child/young person been in contact with or suffered from any disease which is or may be contagious or infectious, in the last four weeks? **Yes /No**

..... (If yes, please give details.)

.....
.....
.....

Can the child/young person swim?

Yes/No

If yes, how far can they swim? Up to 50 m/ up to 100m/ above 100m (please circle)

Declaration

- I give permission for[insert name] to take part in the event named above.
- I consider my son/daughter to be medically fit to participate in the activities outlined.
- I give permission for photographs to be taken and used on social media/ website for marketing purposes only. **Yes/No**

I UNDERTAKE TO INFORM THE LEADER SHOULD ANY OF THE ABOVE INFORMATION CHANGE BY THE DATE OF THE EVENT.

- In an emergency and/or if I cannot be contacted, I am willing for my child to receive necessary hospital or dental treatment including an anaesthetic: **Yes/No**

Signed (parent or adult with parental responsibility) Date / / ...