

CHALLOCK YOUTH CLUB

Consent Form

To be completed in full by parents/guardians/carers of participants who under 18

Details Of Participant:

Name: _____

Date of Birth: _____

School: _____

Home Address

Home Telephone: _____

Contact Number on Day of Trip (if different) _____
(ie: Parent/Guardian Mobile)

Young Person's Mobile: _____

Details of Event/Trip Graffiti Arts Day Challock Youth Club

Date: 25/07/08

Time: Depart: 10:00am Return: 4:00pm

Cost: £5.00

Enclosed: Cash/Cheque Amount: _____

Requirements:

Pre Trip:

Completed Consent Form

Payment

On the Day

Suitable Old Clothing, Spending Money

Parental Consent:

I have read the information about this visit and agree to the above named person participating in full. I understand that my child will be expected to behave responsibly at all times and to follow any instruction, to wear seat belts at all times if fitted, by not doing so I Understand that they will not be included in any further trips.

Photographic Consent

I understand that you may be taking photographs during the trip/event and these will be used within the club and as publicity for the organisation.
I am/am not happy for my child to be photographed. (please delete)

Signed _____ Print _____

Date _____

Medical Information

Name: _____ **Date Of Birth:** _____

Does the participant have ANY conditions requiring medical treatment, including medication or specific requirements to enable full participation on this trip. (e.g. asthma inhaler)?

Yes/No

If YES details

Family Doctors Details: Name: _____

Surgery _____ **Telephone:** _____

Medical Consent

Please tick one of the following boxes to let us know that you agree or disagree, to the participant receiving necessary medical treatment:

I agree to the participant receiving medication as instructed and any emergency dental,, medical or surgical treatment including anesthetic or blood transfusion, as considered necessary by the medical authorities.

(Please tick box in top right hand corner to alert us to any allergies, or medication as detailed on page 2.)

I disagree to the participant receiving medication as instructed and any emergency dental, medical or surgical treatment, including anesthetic or blood transfusion, as considered necessary by the medical authorities. I understand that the adult leading the visit may feel unable to take my child on the visit as a result of my wish.

Please read the form through to make sure you understand what you are signing and check all sections are completed. Please then sign below:

Signed _____ **Print** _____

Dated _____

Collection from Challock Youth Club

Please tick one of the following boxes to let us know how your child will be collected from the Challock Youth Club Graffiti Arts Day:

I confirm that my child.....

Can Walk Home unaccompanied

Will be Collected by a Parent/Guardian at 4:00pm

Signed _____ **Dated** _____