

**PARENTAL AND MEDICAL CONSENT FORM FOR A
CHESHIRE YFC EVENT**

IF YOU ARE **UNDER 18 YEARS OF AGE** PLEASE ASK YOUR PARENT/GUARDIAN TO COMPLETE AND SIGN THE FOLLOWING DECLARATIONS:

**Dairy Queen Ball - Las Vegas - Saturday 13th
April 2019 – 8pm- 2pm FAIRFIELDS FARM,
ASTBURY, CONGLETON, CHESHIRE, CW12
3NG**

Name (in full)

YFC Club

Address

.....

Home Tel

Mobile Tel

Date of birth Age

YFC Membership No Male / Female

Existing medical conditions/allergies

.....

**Details of Parent/Responsible adult who can be
contacted in an emergency:**

Name (in full)

Address

.....

Mobile Tel

Home Tel

Driver's Name

Driver's Tel No

By purchasing a ticket the following shall constitute contractually: a parent or guardian has given you permission to attend an event and you agree to give our consent for all photography, filming and to be searched on arrival.

Signature(member)

Cheshire YFC reserve the right to carry out checks on this form. Parents will be contacted to ensure this form has not been falsified. Membership records will be checked. NO UNDER 16s at YFC DANCES in CHESHIRE

I give my consent for my son/daughter to attend this event.

I understand that while the organisers in charge of the event will take all reasonable care of the young people, they cannot be held responsible for any loss, damage or injury suffered arising during or as a result of them attending.

I am aware that there is a licensed bar and no Under 18's shall be served alcohol. Please ensure your son/daughter is aware of the law and does not try to purchase alcohol.

Anyone in possession of alcohol, or anything we deem unsuitable to be taken into the event will have these items confiscated. Anyone who arrives intoxicated, in our opinion, will not be allowed in and parents will be called to arrange collection. CYFC operates a strict NO DRUGS policy at all YFC events.

It is important to note that lighting effects in use may contain strobe lighting and anyone sensitive to this should take the appropriate action applicable to their condition.

We reserve the right to refuse entry on any grounds.

Permission to consent for Medical treatment

In the event of an accident/illness, Cheshire YFC will make every effort to contact parents. I hereby give my permission to the medical team selected by YFC on my behalf, to hospitalise or treat my son/daughter, including anaesthesia, injection and/or surgery.

Have you ever suffered from Diabetes, Asthma, Migraine, Epilepsy or any other illness? If yes, please give details

.....
Are you allergic to antibiotics, penicillin, Elastoplast, aspirin or any medicines/food? If yes, please give details

.....
Are you receiving any medical treatment or on any prescribed drugs? If yes, give details.....

.....

Transport: I am happy for my son/daughter to be transported by a member of YFC, of either sex, to and from the event, if applicable.

Signature

Parent/Guardian

Name of Parent

Date