

Parental Consent and Medical Form for Residential Holidays for Under 18's

This form must be completed by a parent/guardian in order for the young person to participate in the weekend.
It should be printed off, completed, signed and photocopied.
Youth Leaders coming on the weekend must keep a copy of each completed form and bring them along to the weekend.
The other copy should be sent to:
Fiona McEwan, IMPACT Planning Group, 69 Heathfield Road, Whitefield, Manchester, M45 8PX

by **FRIDAY 3rd September 2010**

PLEASE NOTE: IF THIS FORM IS NOT COMPLETED IN FULL AND RETURNED TO FIONA THE YOUNG PERSON WILL NOT BE ABLE TO PARTICIPATE IN THE WEEKEND.

Youth Leaders from each church are responsible for looking after the young people in their care during the weekend, and also administering any medication if necessary. If your child has any health, medical or other special needs please ensure this is noted below and that your youth leaders are aware of this.

Full name of 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 young person
Address
.....
Telephone number(s)

Should the above person not be available, please contact

Name
Relationship to young person
Address
.....
Telephone number(s)

National Health Number

Please state date of last anti-tetanus injection (if known)/...../.....

Does the young person have any dietary requirements? Yes No (Please tick)

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

Has the young person been in contact with or suffered from any disease which is or may be contagious or infectious, in the last four weeks?
(If yes, please give details)

Yes No (Please tick)
.....
.....
.....

Does the young person suffer from any allergies? Please give details

Yes No (Please tick)
.....
.....

Please describe any relevant medical condition / history.

.....
.....

Will the young person be in possession of any medication during the weekend?
[Ritalin, anti-convulsion medication, Inhalers, paracetamol, anti-histamine etc]
(If yes, please give details)

Yes No (Please tick)
.....
.....
.....

Does the young person have any disability about which we should be aware?

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

Is there any other information about the young person that would be helpful for us to know?

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

Doctor's name and contact details (including telephone number)

.....
.....

Declaration

Please note that this declaration can only be signed by those with parental responsibility.

- I give permission for (insert name) to take part in the Impact Activities Weekend, including the activities programme.
- I consider my son/daughter to be medically fit to participate in the activities.
- I give permission for my son/daughter to be given one paracetamol tablet, should the youth leaders deem it necessary. **YES / NO** [if any other doses are required, we will contact a parent]

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 (Please tick)

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