

Essex Boys and Girls Clubs Parental Consent and Medical Form

EVENT: Jack Petchey Residential Trip to Maes Y Lade Centre

DATES: 2022 (We will check your booking form for selected dates).

1. CONSENT

I am aware of the above event organised by EBGC and consent totaking part.

ADDRESS:

POST CODE..... **DATE OF BIRTH**.....

PARENT/GUARDIAN CONTACT NUMBER.....

EMAIL ADDRESS (For PARENT/GUARDIAN).....

In case of emergency, and if for some reason we are unable to contact you, would you please supply a second contact stating the relationship to the child.

NAME: **TEL. NO:**

RELATIONSHIP TO YOUNG PERSON:

In the event of illness or any accident requiring emergency hospital treatment of
I authorise EBGC or an agent acting on their behalf to sign on my behalf any written form of consent required by the hospital authorities, if any delay to obtain my signature is considered inadvisable by the Doctor or Surgeon concerned.

PHOTOGRAPHY

I give* my permission for my to be photographed either alone or as part of a group whilst attending the event. I understand that any photographs that are taken may be used to promote the event, EBGC, and other clubs attending the event. Photographs will not be used for any other purpose than stated above.

2.1 HEALTH

a) Has the participant been in contact with any infectious illness in the last three weeks?

If yes, give details:

b) Does the participant suffer from asthma, hay fever, migraine, fits or faints or any other illness?

If yes, give details:

c) Is the participant allergic to anything (e.g. antibiotics, Elastoplast, aspirin or any other medicines, any particular food, etc.)?

If yes, give details:

d) Is the participant receiving medical treatment at present?

If yes, give details:

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- e) Date of last tetanus injection, if known
- f) Have you had your COVID-19 vaccine?
- g) Name and address of own doctor:
-
- Tel. No

2.2. SPECIFIC REQUIREMENTS

Does the participant have a disability?

If yes, give details:

Does the participant have any specific requirements to enable full participation in the programme? e.g. wheelchair access, interpreter, large print.

If yes, give details:

2.3 DIETARY REQUIREMENTS

Does the participant have any specific dietary requirements? e.g. vegetarian, low cholesterol, low fat diet.

If yes, give details:

2.4 ANY OTHER CONDITIONS THAT WE SHOULD BE AWARE OF

Does the participant have any conditions that we should be aware of or that may restrict them fully taking part in the event? For example – behavioural/emotional/physical

If yes, give details:

I will advise you in writing if the participant has any other weakness or disability requiring special care.

2.5 ABILITY

Can your child swim 50 metres?

3. CONFIRMATION

I confirm that the above information is correct. I also understand that the participant is responsible for the safe custody of his/her own personal belongings and effects and that EBGC cannot be held responsible for replacing any such effects or equipment that are lost, damaged or stolen, nor for compensation of any kind.

I also recognise that if the behaviour of the young person named above is deemed unacceptable in relation to other participants, the event staff, the premises, or their behaviour is such that we cannot guarantee their safety, then the young person will be asked to leave the event early and any cost incurred will need to be covered by the individual concerned/parent/guardian.

SIGNED: (Parent/Guardian).....(Print name)

State relationship to child.....