NOTTINGHAMSHIRE FEDERATION OF YOUNGFARMERSCLUBS

PARENTAL CONSENT FOR UNDER-18 YEAR OLD MEMBERS ATTENDING

CASINO ROYALE COUNTY BALL, SATURDAY 6th FEBRUARY 2027, CEDRIC FORD PAVILION

EMAIL THIS COMPLETED FORM TO office@nottsyfc.co.uk BY FRIDAY 15TH JANUARY 2027

This form is to be completed by the Parent or Guardian of the member named below **who is under 18 years of age** on **06.02.2027.** It gives consent for that member to attend the event and the responsibility for the supervision of that member to a named individual, when the parent is not attendance. Where the parent is in attendance they are responsible for their child for the duration of the event. If you as the parent are attending please complete sections 1 and 3 of this form, if your child is attending with a supervising adult please ensure they complete section 2. Please note that Notts YFC events are open to over 16's only, and those aged 16-17 would need to be a member of YFC to attend.

NFYFC will take responsibility for ensuring the safe running of all its events by working with the venue management and our own team of staff and stewards. Member's attendance will be in accordance with the NFYFC Safeguarding Children and Young People Policy. In the event of an accident involving a member under the age of 18, NFYFC will liaise with the parent or the named individual who is supervising the member. This will be particularly pertinent if we are required to undertake an accident investigation in conjunction with the relevant authorities including the Police, Health and Safety Inspectorate etc.

Please use block capitals through-out

SECTION I – Details of under-18 year old member **(***This section to be completed by the parent/guardian***)**

Full name of YFC member:	
Date of Birth:	
YFC Membership Number:	
Name of YFC Club:	
Name of County Federation:	

MEDICAL HISTORY		
Name and address of Doctor:		Contact Tel:
Has the named participant ever suffered from any of the following conditions: Diabetes, Asthma, bad period pains, Migraine, Epilepsy, or any other illness?	YES / NO If yes, give details:	
Is the named participant allergic to anything (e.g. antibiotics, penicillin, elastoplast, aspirin or any such medicines, any particular food etc.)?	YES / NO If yes, give details:	
Is the named participant receiving any medical treatment or on any prescribed medication?	YES / NO If yes, give details:	
Does the participant have any disabilities, additional needs and/or behavioural difficulties?	YES / NO If yes, give details:	
Details of any medication to be taken, include frequency and any relevant side effects?		
Any other relevant information	Please give details.	

If you, as the parent/guardian are attending the event please tick this box & proceed to section 3 ☐

SECTION 2 – Details of the adult nominated by the parents/guardian to supervise the member named overleaf

(*This section to be completed by the supervising adult*)

Name of person to supervise under 18 member:	
Membership number (if applicable):	
County Federation (if applicable):	
Mobile telephone number:	
Relationship to under 18 year old member: Please specify: friend, family member, etc.	
As the named individual with responsibility for supervising the underage member, I agree to co-operate with NFYFC during any accident investigation relating to the individual YFC member I am supervising.	
Signature of supervising member:	
Date:	

SECTION 3

Information and Emergency Contact Details (*This section to be completed by the parents/guardians)*

The medical information overleaf is correct to the best of my knowledge and in the event of illness or accident requiring hospital treatment I understand that the responsible person at the event will make every effort to contact me. In an emergency doctors/surgeons will make the decision regarding the necessary treatment without my consent.

I have read and understood the attached information and hereby give my consent for my son/daughter to take part in this event. I understand that the NFYFC insurance policy is available on request. I am aware that while the adults in charge of the event will take all reasonable steps to protect all participants from harm, they cannot necessarily be held responsible for any loss, damage or injury suffered during or as a result of the activity.

Signed :..... **(*Parent/Guardian) Date:** .....

Full Name (BLOCK CAPITALS)

Address:

EMERGENCY CONTACTS **THIS NEEDS TO BE SOMEONE WHO IS AVAILABLE TO COLLECT THE NAMED UNDER 18 FROM THE EVENT IF NEEDED**

Name: (Parent/Guardian)	**Tel (home):** **Tel (work):** **Mobile:**
Name: (Parent/Guardian)	**Tel (home):** **Tel (work):** **Mobile:**

I understand that I have a responsibility to inform the Notts YFC staff prior to the event of any changes to this information. If this form is compleated incorrectly NFYFC/Notts YFC will contact you to acertain the relevant information, but cannot be held responsible if the information has been completed incorrectly or without the consent of a parent/guardian