NWJS Parental Consent Form
May 2016-_2017

This form must be completed by the participant (or their parent if they are under 18).

I have read all of the information regarding the proposed trips and I agree to my son/daughter:

_____ (full name) taking part in all of the NWJS trips (including all activities organised by the adults in charge) and agree that my son/daughter needs to behave in a safe and responsible manner for the good of all on the trip.

Date of Birth _____

BOF Number _____ **E-card Number** _____

It is vital that we have as much information about your child as possible, which will be kept private and confidential. This will help us in the event of any problems that may arise. Your child should understand and agree to comply with the conditions and discipline laid down by the staff and appreciate that although staff will supervise and take all reasonable care, some activities, by their very nature, include some element of risk.

Medical Information:

1. Does your child require medical treatment, including medication? Yes / No
   If yes, please give details below:

   _____

   _____

   _____

2. Does your child suffer from any allergies? Yes / No
   If yes, please give details below:

   _____

   _____

3. Does your child suffer from any phobias? Yes / No
   If yes, please give details below:

   _____

   _____

   _____

4. Does your child require any special dietary requirements? Yes / No
   If yes, please give details below:

   _____

   _____

5. What was the date when your son / daughter had their last tetanus injection?

_____

6. Please write below any other information that you think would be relevant:

_____

_____

_____

It is important that you inform us if your son / daughter has suffered from or come into contact with any illness that could be infectious or contagious within the four weeks prior to a squad weekend.

I, as legal parent/guardian, agree to my son/daughter receiving any medical care deemed necessary by a qualified person. This includes emergency dental, medical or surgical treatment, including anaesthetic or blood transfusion. I understand the extent of the insurance cover provided.

Contact Details:

☎ Mobile: _____ ☎ Home: _____

Address: _____

E-mail: _____

Alternative Contact:

Name: _____ Relationship to junior: _____

☎ No: _____

Address: _____

Doctors Details:

Name: _____ ☎ No: _____

Address: _____

Participants NHS Number: _____

Signed: _____ (Parent / Guardian)

Date: _____ **Full Name:** _____