**PARENTAL/CARERS CONSENT & MEDICAL INFORMATION** (under 18 years)

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Name of Participant** |  | | | | | |
| **Date of Birth** |  | **Male** |  | **Female** |  | |
| **Group / Club** | **RAF Waddington Youth Group** | | | | | |
| **Details of Event**  **(Tick appropriate trips)** | **Cadbury’s World 04/04/17**  **Chocolate Extravaganza 10/04/17**  **Craft Activity 11/04/17**  **Indoor Climbing 12/04/17** | | | | |  |

**PARENT / PERSON WITH PARENTAL RESPONSIBILITY CONSENT**

(If you do not consent, please leave that section unsigned)

|  |  |  |
| --- | --- | --- |
| **Taking Part:** I agree to the above named person taking part in this event. Having been informed about the range of activities, I agree to his/her\* participation in any or all of the activities described. | **Signed** |  |

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| **Photo & Video Images:** I consent to photographic and video images being taken and used to promote RAF Community Support / Airplay activities in line with RAF policy. | **Signed** |  |

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| **Responsible Behaviour:** I acknowledge the need for responsible behaviour and understand that, I will be responsible for any cost associated with retuning him/her home outside of the stated times. | **Signed** |  |

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| **Medical Treatment:** I agree to medical treatment, including anaesthetic, as considered necessary by the medical authorities present. | **Signed** |  |

**PARENT / PERSON WITH PARENTAL RESPONSIBILITY CONTACT DETAILS**

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| --- | --- | --- |
| **Name of Parent** |  | |
| **Home Address** | | **Work Address** |
|  | |  |
| **Contact Details (Please include ALL military and civil codes)** | | |
| **Daytime** |  | |
| **Evening** |  | |
| **Mobile** |  | |

|  |  |  |  |
| --- | --- | --- | --- |
| **If I am not available please contact** (This **must** be completed) | | | |
| **Name** |  | **Telephone** |  |
| **Mobile** |  |
| **Address** |  | | |

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| **Is a parent/guardian deployed at the time of activity?** | **YES** |  | **NO** |  |
| **Dates** |  | | | |

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| **Number to contact about changes to activities** |  | **Whose number? Young person/**  **mum/dad** |  |

**MEDICAL IN CONFIDENCE** (under 18 years)

|  |  |
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| **Name of Participant** |  |

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| **Is the participant receiving medical treatment of any kind?** | **YES** |  | **NO** |  |
| If YES please specify | | | | |
| **Do staff need to supervise the taking prescription medicine?** | **YES** |  | **NO** |  |
| If YES please specify medication and dosage | | | | |

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| --- | --- | --- | --- |
| **Has your son/daughter have (or previously had) any of the following?** | | | |
| Asthma or Bronchitis | Yes / No | Allergies to Penicillin or other known drugs | Yes / No |
| Heart Condition | Yes / No | Any other allergies | Yes / No |
| Fits, fainting or blackouts | Yes / No | Disability | Yes / No |
| Severe headaches | Yes / No | Travel Sickness | Yes / No |
| Diabetes | Yes / No | Haemophilia | Yes / No |
| Condition affecting behaviour | Yes / No |  | |
| If **YES** to any of the above, or if the participant has any other medical condition or allergy, please give details below | | | |
|  | | | |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Are there any particular dietary needs?** | **YES** |  | **NO** |  |
| If **YES** please specify | | | | |

|  |  |
| --- | --- |
| **GP’s Address** |  |
| **GP’s Telephone** |  |

**I undertake to inform the Group Leader as soon as possible of any change in the medical circumstances between the date signed and the date of the activity.**

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| --- | --- |
| **Parental Signature** |  |
| **Name (Print)** |  |
| **Date** |  |