

**HEALTH CONSENT FORM FOR YOUNG PEOPLE UNDER 18 YEARS**  
**TO ATTEND DIOCESAN YOUTH FESTIVAL AT PLUMPTON RACECOURSE**  
**28-31 May 2010**

Name ..... Home Telephone No .....

Address .....

..... Post Code .....

**Mobile Phone No (to be contacted in case of emergency).....**

Date of birth ..... National Health Number .....

Family Doctor Name, Address & Telephone No .....

.....

Parent Contact No during the event .....

If I am not available, contact ..... Telephone No .....

1. Does s/he suffer from any on-going or recurring illness? YES/NO  
*If yes, please complete section 1 over the page*

2. Has s/he had any contagious illness or direct contact with any contagious illness within the last four weeks? If yes, please state ..... YES/NO

3. Does s/he take regular medication? *If yes, please complete section 3 over the page* YES/NO  
**PLEASE ENSURE THAT ANY MEDICATION IS CLEARLY LABELLED WITH ITS NAME, CHILD'S NAME & DOSE**

4. Does s/he have any known allergies, phobias or disabilities? YES/NO  
 Please include allergies to medication/food e.g. nuts. *If yes, please complete section 4 over the page*

5. Has s/he been immunised against Tetanus within the last 10 years? YES/NO  
 Please give date .....

6. Does s/he have any special dietary requirements? YES/NO  
*If yes, please complete section 6 over the page*

7. In the event of any "homely" medication (e.g. paracetamol, cough mixture, antacid) being required, please state what you will permit to be given: .....

8. Is there anything you would like the leaders to know, which is not covered in the above? YES/NO  
 If yes, please complete section 8 over the page

9. Does s/he wear contact lenses? YES/NO

If it becomes necessary for my child to receive medical or dental treatment, and I cannot be contacted by telephone or any other means to authorise this, I hereby give my general consent to any medical treatment, and authorise the leader in charge to sign any document required by hospital or other authorities\*. YES/NO

I have parental responsibility for ..... and give my permission for her/him to attend this event and to take part in the published programme.

I understand that my child will be the responsibility of the group leader and other adults approved by the church leadership or authorised by the YES team and that, while the leaders will take all reasonable care of the children/young people, they cannot necessarily be held responsible for any loss, damage or injury suffered by the child/young person during, or as a result of the activity.

Signed ..... date .....

*\* The medical profession takes the view that a parent's consent to medical treatment cannot be delegated. Medical consent forms have no legal status and a doctor has the right to insist on parental consent before treating a child. We have found, however, that medial staff find this type of general consent helpful.*

**For detailed information**

<b>Section 1</b>	On-going or recurring illness
------------------	-------------------------------

<b>Section 3</b>	Name of medication and dose
------------------	-----------------------------

<b>Section 4</b>	Allergies, phobias or disabilities
------------------	------------------------------------

<b>Section 6</b>	Special dietary requirements
------------------	------------------------------

<b>Section 8</b>	Any other relevant information not yet covered
------------------	--

<b>Treatment or medicine administered</b>			<b>Leader's signature</b>
<b>Date</b>	<b>Time</b>	<b>Treatment</b>	