

YF SUMMER MADNESS 30th JULY – 4th JULY 2017

Dear Parent / Guardian,
In order that your child is cared for whilst on our forthcoming trip to Summer Madness, Glenarm Castle from, please complete this Consent Form giving permission that your child may attend this event.

This consent assumes that all young people attending will be supervised by 2 registered St Leaders.

Group Leaders : Revd Jonny Campbell-Smyth & Julie Burns

I give permission for my child to attend Summer Madness at Glenarm Castle, 30th June – 4th July 2017.

Child's full name

Address & Postcode

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Child's date of birth

Emergency Phone number

Name & address of Doctor

Details of any known conditions, allergies (including food allergies), illnesses or special needs

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I will ensure that supplies of medication are given to either my child or to the Group Leader prior to the event. YES / NO / Not Applicable

In the event of illness or accident, having parental responsibility for the above named child, I understand that I will be immediately contacted. I give permission for initial first aid to be administered when considered necessary. YES / NO

In the event of he / she being taken ill or injured during the period of the event so that surgical operation or serum injection becomes necessary, I hereby authorize the Group Leader in charge to sign on my behalf any written forms of consent required, provided that the delay necessitated to obtain my signature might endanger his / her health or safety. YES/NO

I understand it is my responsibility to provide transport to / from the event YES / NO

I confirm that the above details are correct to the best of my knowledge.

Name of person/s with parental responsibility

Signature Date