

**Young Farmers' Clubs of Ulster**

Ulster's Rural Youth



**Parental Consent and Emergency Contact Form for Events or Activities  
Listed on Club Programmes.**

Guidelines for Club Officials

The purpose of this form is to confirm that consent has been given for a member under 18 to participate in YFC Activities listed in the annual club programme. Parents should be asked to agree to members participating in events listed in the club programme at the beginning of each membership year using Form Ref. 002. This form should be kept safe and confidential in line with the Associations Confidentiality Policy until such time that all matters concerning the programme have been completed and then disposed of.

Club officials should ensure that a club programme is attached to this form describing and giving details of the events/activities planned. New members should return this form accompanied by a signed membership registration form C001.

<b><u>Member Information</u></b>	
Member's Name	
Name of Adult/Parent with parental responsibility	
Home Tel. Contact (include code)	
Mobile Tel. Contact (If appropriate)	
<p><b>Consent</b> (Please sign here and complete the medical consent overleaf, tick as appropriate)</p> <p>I am aware of the nature of the events or activities that my child will be taking part in, and I understand that I can seek more information by telephoning or writing to the Club Secretary (see club programme or telephone YFCU Headquarters at 028 90370713 for contact details)</p> <p>I have told my child to pay particular attention to members supervising each of the events <input type="checkbox"/></p> <p>Signed _____ Date _____ (Adult with parental responsibility)</p>	

**Definition of Parental Consent**

In today's world some confusion always exists as to who can sign a parental consent form. The Children (NI) Order 1995 (Article 6(i)) defines specifically who has parental responsibility

In law, the natural mother has parental responsibility.

The natural father has parental responsibility

- If he is married to the mother at the time of birth, or subsequently marries her.
- Through a formal, written agreement with the mother, witnessed by a solicitor
- Through being granted a Parental Responsibility Order by a Court (Article 7)
- From 15<sup>th</sup> April 2002, by jointly registering the baby's birth

Step fathers, step mothers or partners may not have parental responsibility unless granted by a court Other members of the family, such as grandparents, can apply for parental responsibility through the same court process.

**Water Activities Declaration (Please Complete if appropriate to any of the events or activities organised)**

My child is:

- |  |                          |
|--|--------------------------|
| Able to swim 50 metres                         | <input type="checkbox"/> |
| Just water confident                           | <input type="checkbox"/> |
| Not allowed to participate in water activities | <input type="checkbox"/> |

**Diet Declaration (Please Complete if appropriate to any of the events or activities organised)**

My child's Diet is:

- |              |                          |
|--------------|--------------------------|
| All food     | <input type="checkbox"/> |
| No meat/fish | <input type="checkbox"/> |
| Other        | <input type="checkbox"/> |

If Other they require \_\_\_\_\_

**Medical Information**

(Please give any additional information that you feel appropriate to participating in the listed events/activities)

1) Please give medical no.

2) Doctor (Name & Address)

3) Please provide any information regarding medical conditions that may be relevant?  
Eg. Allergies, Asthma, Diabetes, Epilepsy, or Other.

\_\_\_\_\_

If none please tick

4) Is your child currently taking any medication? Eg antibiotics.

\_\_\_\_\_

If none please tick

5) Is there anything else you would wish to bring to the Programme Leaders' attention?

\_\_\_\_\_

If none please tick

In the unlikely event of a medical emergency every possible effort will be made to contact you. However we seek your agreement that your child may receive emergency medical treatment if the situation arises. It is important for you to understand that any medical decisions will be made by a Doctor. If you do not agree it will not necessarily bar your child from participating, but we would be grateful if you would discuss this matter with the Club officials concerned.

**I agree to my child receiving medical treatment in the event of an emergency.**

Signed \_\_\_\_\_ Date \_\_\_\_\_

(Adult with parental responsibility – see over)

**Policies**

Any member of parent wishing to have a copy of the YFCU Confidentiality Policy or YFCU Child Protection Policy may request them from YFCU Headquarters or download them from [www.yfcu.org](http://www.yfcu.org)