

Young Farmers' Clubs of Ulster

Ulster's Rural Youth

**Parental Consent and Emergency Contact Form for Residential Events or Activities****Guidelines for Club Officials**

The purpose of this form is to confirm that parental consent has been given for a member under 18 to participate in a programme involving overnight stays such as a club exchange or residential course. This form should be retained in line with the YFCU Confidentiality Policy, until such time that all matters concerning the event have been completed and then destroyed. Club officials should distribute the form giving sufficient time for members to return it and complete the section below describing and giving details of the event that consent is being requested for.

Description and details of the programme:

Description and details of the Residential Event/Activity: **(to be completed by Club officials before this form is circulated. A letter or circular giving full details of the activities to be undertaken should accompany this form.)**

Date of Event:

Time:

Member Information

Member's Name

Name of Adult/Parent with parental responsibility

Home Tel. Contact (include code)

Mobile Tel. Contact (If appropriate)

Consent (Please sign here and complete the medical consent overleaf, tick as appropriate)

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)

I have told my child to pay particular attention to members supervising each of the events

Signed _____ Date _____

(Adult with parental responsibility)

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 15th 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