

VELMORE YOUTH CLUB

PARENTAL CONSENT AND MEDICAL FORM (PLEASE USE BLACK INK AND CAPITAL LETTERS)

Young Person's name:			
Date of Birth:			
Address: (including postcode)			
Parent/Guardian Permission:	I give permission for my child to attend the youth club and participate in the activities provided. I understand that although staff or volunteers in charge of the youth club activities will take all reasonable and responsible care of participants, they cannot necessarily be held responsible for any loss, damage or injury my child suffers as a result of their participation.		
Your Name:		
Your Signature:		
Address: If different from child's)			
Contact Telephone Number:	Home:		
	Work:		
	Mobile:		
Alternative Emergency Contact:	Name:.....		
	Telephone Number:		
MEDICAL DETAILS: Has your child ever had or still suffers from any of the following:			
<ul style="list-style-type: none"> • Asthma or bronchitis • Heart condition, fits, fainting or blackouts • Severe headaches or migraine • Epilepsy • Anxiety or depression • Diabetes • Allergies to any known drugs • Any other allergies or reactions (nut allergy, plaster allergy, bee stings) • Contact with any infectious diseases in the last three weeks • Other illness or disability not named above • Receiving any medical treatment • Has your child been given a Tetanus vaccination in the last ten years 	YES YES YES YES YES YES YES YES YES YES YES YES	NO NO NO NO NO NO NO NO NO NO NO NO	
If you answer 'YES' to any of the above, please give full details below:			
Name and Address of Family Doctor:			
Doctor's Telephone Number:			

