



**PARENTAL GUARDIAN
CONSENT FORM TO JOIN DEVON YFC
1st SEPTEMBER 2020 – 31st AUGUST 2021**

Dear Parent/Guardian

All young persons under the age of 18 years must have parental/guardian permission before joining a Young Farmers Club. Activities will include Club Meetings, Outside Visits, Competitions as well as Sport and Social Events. The club will also be involved in Devon County Events, Speaking Competitions, Farm Visits, Livestock Classes, Discos and Dances (most of which are included in the club programme). This consent form does not apply to Residential Trips, the South West Area weekend or National Events – additional permission will be obtained for these.

SECTION 1 - MEMBERS DETAILS:

| | | | |
|---------------------------------|--|------------------|--|
| Name: | | Club: | |
| Date of Birth: | | | |
| Address: | | | |
| | | Postcode: | |
| Telephone Number/Mobile: | | | |

SECTION 2 - EMERGENCY CONTACT DETAILS:

| | | | |
|---|--------------|----------------------|----------------|
| 1) Name: | | Relationship: | |
| Address (if different to above): | | | |
| | | Postcode: | |
| Telephone Number | Home: | Work: | Mobile: |

| | | | |
|---|--------------|----------------------|----------------|
| 2) Name: | | Relationship: | |
| Address (if different to above): | | | |
| | | Postcode: | |
| Telephone Number | Home: | Work: | Mobile: |

SECTION 3 - IS YOUE YOUNG PERSON ABLE TO SWIM 50M

Yes

No

SECTION 4 - MEDICAL HISTORY:

| | |
|--------------------------|------------------|
| Name of Doctor: | |
| Address: | |
| | Postcode: |
| Telephone Number: | |

Does your young person suffer from any reoccurring medical condition (within the last 12 months) which requires regular treatment? **YES / NO** (If YES please provide details)

Does your young person suffer from any other illness **YES / NO** (If YES please provide details)

Is your young person allergic to anything? **YES / NO** (If YES please provide details)

Please provide details of any medication to be taken including frequency and any relevant side effects:

Please include any other relevant information that may affect your child;

SECTION 5 - PHOTOGRAPHIC INFORMATION

Do you consent for the Club to use photographs, videos or photographic images of your young person? This could include printed and online digital sources such as magazines, videos and digital media?

YES / NO

Are you happy your young person's name to accompany an image in;
our printed publications?
our digital media?

YES / NO

YES / NO

Signature of Parent/Guardian: Date:

I/We have read and given the required information above and hereby give my/our consent for
..... (Insert name of member) to be a participating member of
.....YFC and the Devon Federation of Young Farmers' Clubs until 31st August 2020

Signature of Parent/Guardian: Date:

The above medical information is correct as far as I know. In the event that I cannot be reached in an emergency, I hereby give permission to the physician selected by the chairman/club leader acting on behalf of the club to hospitalise and/or treat my son/daughter, including proper anaesthesia, injections or surgery.

Signature of Parent/Guardian: Date:

I understand that I have a responsibility to inform my young person's Club Chairman of any changes to this information.