



FORM 'C₁'



DEPARTMENT OF EDUCATION

PARENT / CARER CONSENT FOR A YOUTH CLUB/PROJECT VISIT Category 1 – visits vetted by Youth Service alone

Name of young person: _____ Date of birth: _____
(PLEASE PRINT)

Club/Project: _____

Details of Visit to: _____

From: Date: _____ Time: _____ To: Date: _____ Time: _____

I have read the information sheet. I agree to my son/daughter's participation in the activities described. I acknowledge the need for my son/daughter to behave responsibly throughout the visit.

1. Medical information

Is there any additional medical information (in addition to that you have given on the club/project application form) that you would like to make us aware of?

This might include: food allergies/dietary requirements or recent illness.

Declaration

I agree to my son/daughter receiving medication as instructed and any emergency dental, medical or surgical treatment, including anaesthetic or blood transfusion, as considered necessary by the medical authorities present. I understand the extent and limitations of the insurance cover provided.

2. Contact telephone numbers:

a) First emergency contact

Name: _____ Relationship to young person: _____

Work: _____ Home: _____ Mobile: _____

Home address: _____

b) Alternative emergency contact

Name: _____ Relationship to student: _____

Work: _____ Home: _____ Mobile: _____

3. Signed: _____ Full Name (PLEASE PRINT): _____

Relationship to student / member: _____ Date: _____

**THIS FORM OR A COPY MUST BE TAKEN BY THE GROUP LEADER ON THE VISIT.
A COPY SHOULD BE RETAINED BY THE ESTABLISHMENT CONTACT.**