

**Personal information and Parental Consent Form – Annual Campout 2019**

**Please return with your payment to:**

**Norfolk Countrysiders, YFC Office, Easton College, Easton, Norwich. NR9 4DX**

Moira's Mobile for use during the Campout weekend: **07590 503120**

The Campout Leader will carry this form securely and only divulge information to other staff as necessary, to ensure the welfare and safety of the participant.

Group: **YFC Countrysiders**

Place of Visit: West Acre Farns, PE32 1UD

Day, date & time of arrival: **Friday 24<sup>th</sup> May 4.30pm onwards**

Day, date & time of departure: **Sunday 26<sup>th</sup> May 2pm for Tour of worksites, to be off site by 3.30pm**

**To be completed by Parent/Guardian (please use block capitals)**

Club Name: \_\_\_\_\_

Young person's full name: \_\_\_\_\_ Date of Birth \_\_\_\_\_

Home address: \_\_\_\_\_

\_\_\_\_\_ Post code: \_\_\_\_\_

**All contactable phone numbers please:** \_\_\_\_\_

Name of parent(s)/guardian(s): \_\_\_\_\_

\_\_\_\_\_ Relationship: \_\_\_\_\_

\_\_\_\_\_ Relationship: \_\_\_\_\_

Addresses of parent(s)/guardian(s) and/or other contact persons:

\_\_\_\_\_ Tel: \_\_\_\_\_

\_\_\_\_\_ Tel: \_\_\_\_\_

Doctor's name: \_\_\_\_\_ Doctor's phone no: \_\_\_\_\_

Date of last known tetanus injection (if known): \_\_\_\_\_

Please give us details of any recent illnesses:

Please give name and dosage of any medications currently being taken:

Please tell us about any allergies, e.g., medicines, food, bee stings, etc.

Please tell us about any food not eaten for religious or health reasons:

Please provide any other information which you feel might be useful in an emergency, or that the Visit Leader should be aware of: e.g. phobias, epilepsy, hyperventilation, sleepwalking, diabetes, travel sickness, toileting difficulties, friendship problems etc. (Use separate sheet if necessary)

I am willing for my child/ward to take part in the above visit/activity, and having read all the information provided, I agree to his/her taking part in the activities described.

I fully understand and accept that, while the supervisory adults in charge of the group will take all reasonable care of the young people, neither they, nor the Norfolk Federation of Young Farmers Clubs, can necessarily be held liable in respect of loss or damage to property or injury suffered by my child arising out of the visit/activity, unless such loss, damage or injury results from the negligence of Norfolk Federation of Young Farmers Clubs, its employees or official volunteers.

**I give/do not give\*** permission for my child/ward to receive pain relieving medication when appropriate (one dosage paracetamol only).

*\*please delete as appropriate*

**I agree to my child/ward** 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 if I am unable to be contacted.

I understand the extent and the limitations of the insurance cover provided.

Signature of Parent/Guardian: \_\_\_\_\_

DATE \_\_\_\_\_

Should there be any amendments to this form after it has been handed in, please contact the Visit/activity leader immediately.

**Supper Saturday evening: 2 SAUSAGES or FISH or 2 FISHCAKES**  
Please circle preferred choice ALL SERVED WITH CHIPS  
*If other alternatives are required please state:* \_\_\_\_\_

This form will be carried securely by the Visit Leader or Group supervisor

I HAVE PAID BY CARD OVER THE PHONE (01603 731307)  
AND WILL POST or EMAIL THE PARENTAL CONSENT FORM  
YFC Office, Easton & Otley College, Easton, Norwich. NR9 4DQ  
[Norfolk.yfc@eastonotley.ac.uk](mailto:Norfolk.yfc@eastonotley.ac.uk)

✓ (preferred method)

I HAVE ENCLOSED PAYMENT OF £ \_\_\_\_\_ (cheque made payable to Norfolk YFC)

✓