



Parental Consent Form

I agree that my son / daughter _____

may take part in the following venture organised by Redditch Youth and Community Enterprise Ltd as part of their programme:

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I agree that medical and dental treatment may be given to my son or daughter if necessary, including the administration of a general anaesthetic and to surgical operations in the case of an emergency, in accordance with the recommendation of a qualified medical practitioner.

1. Young people are not insured by Redditch Youth and Community Enterprise Ltd against personal accidents but Redditch Youth and Community Enterprise Ltd has specifically arranged personal accident insurance for young people taking part in youth activities including off-site visits.
2. Redditch Youth and Community Enterprise Ltd accepts no responsibility for accidents or injury to young people or for loss of or damage to personal effects, unless caused by the negligence of the Redditch Youth and Community Enterprise Ltd or any member of its staff.
3. Parents must provide staff with telephone numbers (day and night) at which they can be contacted in case of emergency, in particular should medical treatment be necessary.
4. I hereby give Redditch Youth and Community Enterprise Ltd permission to use and reproduce the photographs of my child/ward taken during this trip. This permission includes reproduction for any reasonable purpose, including Redditch Youth and Community Enterprise Ltd, in printed or electronic media. The photographs may be shared with the local news media .If you do not agree please put a line through this section.
5. All participants will be subject to the agreed code of conduct.

I have received full information and agree to my child's participation in all outlined activities.

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|-------------------------------|-------|-----------------|------|--|
| Signed | | Parent/Guardian | Date | |
| Address | | | | |
| Tel numbers (including codes) | Home | | | |
| | Work | _____ | | |
| | Email | | | |
| | | | | |

1. Address and telephone number where parent / guardian or other person with parental responsibility can be contacted in case of emergency.

a) daytime b) evening

2. Does your child suffer from any allergies? If so please give details.

3. If your child is taking medication, please give details of dosage etc.

4. If your child has suffered any infectious, contagious or other conditions in the last 3 months, please give details.

5. Has your child received a tetanus injection in the last 5 years?

6. Please give name, address and telephone number of your family doctor.

7. Please give email addresses to be sent details of future trips and activities.

Please return this consent/medical form to Steve Rafferty at the Redi Centre. Phone 07982018952 or email steve.ryce@mail.com