

# PARENTAL CONSENT FOR A VISIT OR PROJECT

**Group: Neath Port Talbot Open Gold Centre.**

**Young Person:**..... **D.O.B:**.....

1. **Details of visit/project:** training and completion of gold duke of edinburghs award expedition - ensure you read the gold expedition info document for more information.

**Venue** - Assorted mountain locations

**From:** Date – oct 2011 **To:** Date – completion of final expedition

I agree for my son/daughter .....Taking part in this visit/project **and feel I have received sufficient information on the project.** I agree to his/her participation in any or all of the activities described. I acknowledge the need for responsible behaviour on his/her part.

## 2. Publicity:

Photographs of your son/daughter may be taken during the visit/activity/project for publicity purposes, the photographs may appear in the youth club portfolio, Neath Port Talbot Youth Service exhibitions and website. **Personal details of your child will remain confidential.**

I agree / disagree (delete as appropriate) for my son/daughter ..... to be included in relevant publicity material

## 3. Medical information:

- a) Does your son/daughter suffer from any conditions requiring medical treatment, including medication or any phobias?

**YES / NO**

If YES, please give brief details .....

- b) Please outline the type of pain/flu relief medication your child may be given if necessary - ie Paracetamol or Ibuprofen

- c) Is your son/daughter allergic to any medication?

**YES / NO**

If YES please specify .....

- d) To the best of your knowledge, has your son/daughter been in contact with any contagious or infectious diseases or suffered from anything in the last four weeks that may be or become contagious or infectious?

**YES / NO**

If YES, please give brief details .....

- e) Please outline any special dietary requirements your child may have.

- f) Has your son/daughter received a tetanus injection in the last five years?

**YES / NO**

I undertake to inform the Youth Worker/Project Leader as soon as possible of any changes in the medical circumstances between the date on which this form is signed and the completion of the residential.

**4. Declaration:**

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

Named Home Contact:.....

Relationship to Young Person .....

Work Tel No: .....Home Tel No: .....

Home Address: .....

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**Alternative emergency contact:**

Name: .....

Relationship to Young Person:.....

Telephone Number: .....

Address:.....

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**Family Doctor contact:**

Doctor Name: .....

Telephone Number: .....

Address:.....

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.....

Date:.....Signed: .....

Full Name (capitals): .....

**THIS FORM OR A COPY MUST BE TAKEN BY THE GROUP LEADER ON THE VISIT AND ANY RELEVANT INFORMATION GIVEN TO THE YOUTH WORKERS AND SUPERVISORS.**

A COPY SHOULD BE RETAINED AT THE PROJECT BASE