**Parental & Medical Consent Form**

**CONFIDENTIAL**

# **Activity: Date:**

**Venue:**

FOR ATTENDEES UNDER 18 YEARS OLD – PLEASE COMPLETE ALL SECTIONS

**ATTENDEE**

|  |  |
| --- | --- |
| Full name |  |
| Home address |  |
| Date of birth |  |
| Age |  |
| Doctor’s name & phone number |  |

## **PARENT OR LEGAL GUARDIAN**

|  |  |
| --- | --- |
| Full name |  |
| Relationship to child |  |
| Phone number(s) |  |
| E-mail address |  |

## **ALTERNATIVE EMERGENCY CONTACT**

|  |  |
| --- | --- |
| Full name |  |
| Relationship to child |  |
| Phone number(s) |  |

## **MEDICAL DECLARATIONS**

It is your responsibility to make known any disability / medical condition that may affect your child during the activity, and any medication that they may require. This information will be shared with those responsible for supervising the activity.

|  |
| --- |
| Has your child ever suffered from any of the following conditions:  Asthma/bronchitis, heart condition, fits, fainting or blackouts, severe headaches, diabetes, an allergic reaction to a bee sting? YES / NO  If YES please provide details, including any specific medical advice to be followed in an emergency: |
| Is your child currently taking any medication? YES / NO  If YES please specify: |
| Does your child have any food allergies? YES / NO  If YES please specify: |
| Please provide any other relevant medical details / conditions: |
| I, the parent/ guardian of ………………………………...….……….., give permission to the organisers of the event to administer any relevant treatment or medication to the above-named participant when and if necessary.    In an emergency situation I authorise the organisers to take my child to hospital and give my full permission for any treatment required to be carried out in accordance with the hospital diagnosis. I understand that I shall be notified, as soon as possible, of the hospital visit and any treatment given by the hospital. |
| Signed (parent/guardian): |
| Name (please print): |
| Date: |

## **PARENT OR LEGAL GUARDIAN DECLARATIONS**

|  |
| --- |
| I confirm that the above-named young person is my legal dependent and I would like him/her to participate in this event and I confirm that my dependent is competent to take part.    I will be responsible for my dependent at all times and available at the event venue during the time my dependent is involved in the beekeeping event YES / NO  If NO, I will provide the event organisers with the name and details of a person at the event venue who has agreed to be responsible for my dependent. Please specify here, if applicable:    Photography consent:  I note that photographs may be taken during the event, and I consent to these being used by WBKA for marketing purposes.    Disclaimer of Liability:  Young persons are primarily responsible for their own safety and must follow instructions from the event organisers given in the interests of all participants in the event.. The ‘organisers’ encompasses everyone helping to run the event. |
| Signed (parent/guardian): |
| Name (please print): |
| Date: |

**This form must be fully completed, signed, and returned to the event organiser**