

**PARENT/GUARDIAN CONSENT FORM**

**PART ‘A’**

Name of Organisation Ganaway Activity Centre

Activity or Event Click or tap here to enter text.

Venue GANAWAY TRAINING AND ACTIVITY CENTRE, near MILLISLE

Date Click or tap to enter a date.

**PART ‘B’** (to be filled in by the parent or guardian) (NAME IN CAPITALS)

Full name of Young Person Click or tap here to enter text.

Date of Birth Click or tap here to enter text.

**PERMISSION** I give permission for the above to attend and take part in Activities or Events named in Part’A’.

 I understand that in the event of any illness or accident, every effort will be made to contact me,

but if this is not possible, I authorise any staff member to sign on my behalf, any written form of consent

 required by medical authorities.

 Click or tap here to enter text.

 (Parent/Guardian)

**MEDICAL DETAILS**

 Name & Address of Click or tap here to enter text.

 Young person’s Doctor Click or tap here to enter text.

 Doctor’s Tel: No: Click or tap here to enter text.

 National Health No: Click or tap here to enter text.

Details of medicine/diet/treatment which is being taken/followed

Click or tap here to enter text.

Does the young person suffer from any of the following?

Migraine/Headaches YES[ ] /NO[ ] Fainting YES[ ] /NO[ ] Asthma YES[ ] /NO[ ]

Hay Fever YES[ ] /NO[ ] Heart Problems YES[ ] /NO[ ] Diabetes YES[ ] /NO[ ]

Allergy to penicillin YES[ ] /NO[ ] Epilepsy YES[ ] /NO[ ] Food Allergy\* YES[ ] /NO[ ]

\*Please specifyClick or tap here to enter text.

Does the young person have impaired Vision YES[ ] /NO[ ]

Does the young person have impaired Hearing YES[ ] /NO[ ]

Any other Disability \* YES[ ] /NO[ ]

\*Please Specify Click or tap here to enter text.

Has the young person been immunised against tetanus within the last five years YES[ ] /NO[ ]

Has the young person had any adverse reaction to anaesthetic \*YES[ ] /NO[ ]

\*Please Specify Click or tap here to enter text.

In the event of an emergency it is important to know if the young person can take:

Paracetamol YES[ ] /NO[ ]  Panadol YES[ ] /NO[ ]  Aspirin (16 years +) YES[ ] /NO[ ]

**Photo Consent**

I consent to photographs and digital images/videos of the child named above, appearing in

 Ganaway Activity Centre printed publications, Ganaway website and Ganaway Facebook page. YES[ ] /NO[ ]

**Parent/Guardian Contact Details**

Name Click or tap here to enter text.

Address Click or tap here to enter text.

Telephone (Day) Click or tap here to enter text.

Tel: (Evening)Click or tap here to enter text.

Relationship to Young Person Click or tap here to enter text.

Signed: Click or tap here to enter text. Date:Click or tap to enter a date.

Centre Manager : ……………………………………………………………. Date…………………………..