

PARENT/GUARDIAN CONSENT FORM

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| Name of Organisation Ganawa Activity or Event | ay Activity Centre | | | | | _ | |
|--|---|--|----------|-----------------------|--------------------|---------------------------------------|--|
| Venue Date | GANAWAY TRAINING AND ACTIVITY CENTRE, near MILLISLE | | | | | _ | |
| PART 'B' Full name of Young Person | (to be filled in by the parent or guardian) (NAME IN CAPITALS) | | | | | | |
| Date of Birth PERMISSION | | | | | | | |
| | (Parent/Guardian) | | | | | | |
| MEDICAL DETAILS | | | | | | | |
| | Name & Address of | | | | | | |
| | Young person's Doct | or | | | | | |
| | Doctor's Tel: No: | | | | | | |
| | National Health No: | | | | | | |
| | Details of medicine/ | diet/treatment which is b | eing tak | en/followed | | | |
| | Click or tap her | Click or tap here to enter text. | | | | | |
| | Does the young person suffer from any of the following? | | | | | | |
| | Migraine/Headaches | YES□/NO□ <u>Fainting</u> | | YES /NO Asthma | | YES /NO | |
| | Hay Fever | YES /NO Heart Prob | lems | YES /NO Diabete | | YES /NO | |
| | Allergy to penicillin *Please specify | YES /NO <u>Epilepsy</u> | | YES /NO Food Al | _ | YES /NO | |
| | Does the young pers | on have impaired Vision | | YES /NO | | | |
| | Does the young pers | on have impaired Hearing | g | YES /NO | | | |
| | Any other Disability | | | YES /NO | | | |
| | *Please Specify | | | - , - | | | |
| | | Has the young person been immunised against tetanus within the last five years | | | | | |
| | 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 *YES | | | | | - | |
| | In the event of an en | nergency it is important to | o know i | f the young person ca | n take: | | |
| | <u>Paracetamo</u> l | YES□/NO□ <u>P</u> | anadol | YES //NO | <u>Aspirin (16</u> | <u>years +)</u> YES \Box /NO \Box | |
| | 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 $\Box/{\sf NO}$ \Box | | | | | | |
| | Parent/Guardian Contact Details | | | | | | |
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| | | | | | | | |
| | | | | | | | |
| | | g Person | | | | | |
| | Signed: | | | _ Date: | | | |