

**PARENTAL AND MEDICAL CONSENT FORM FOR A
CHESHIRE YFC EVENT**

IF YOU ARE **UNDER 18 YEARS OF AGE** PLEASE ASK YOUR
PARENT/GUARDIAN TO COMPLETE AND SIGN THE
FOLLOWING DECLARATIONS:

**2023 Dairy Queen Team Ball - Wilkesley Farm,
Wilkesley Lane, Wilkesley, Shropshire SY13 4BB
Saturday 6th May – 8.00pm till 1.00am**

Name (in full)

YFC Club

Address

.....

Home Tel

Mobile Tel

Date of birth Age

YFC Membership No Male / Female

Existing medical conditions/allergies

.....

**Details of Parent/Responsible adult who can be
contacted in an emergency:**

Name (in full)

Address

.....

Mobile Tel

Home Tel

Driver's Name

Driver's Tel No

By purchasing a ticket the following shall constitute
contractually: a parent or guardian has given you
permission to attend an event and you agree to give our
consent for all photography, filming and to be searched on
arrival.

Signature(member)

**Cheshire YFC reserve the right to carry out checks on this
form. Parents will be contacted to ensure this form has
not been falsified. Membership records will be checked.**

NO UNDER 16s at YFC DANCES in CHESHIRE

I give my consent for my son/daughter to attend this
event.

I understand that while the organisers in charge of the
event will take all reasonable care of the young people,

they cannot be held responsible for any loss, damage or
injury suffered arising during or as a result of them
attending.

I am aware that there is a licensed bar and no Under 18's
shall be served alcohol. Please ensure your son/daughter
is aware of the law and does not try to purchase alcohol.

Anyone in possession of alcohol, or anything we deem
unsuitable to be taken into the event will have these items
confiscated. Anyone who arrives intoxicated, in our
opinion, will not be allowed in and parents will be called
to arrange collection. CYFC operates a strict NO DRUGS
policy at all YFC events.

It is important to note that lighting effects in use may
contain strobe lighting and anyone sensitive to this should
take the appropriate action applicable to their condition.

We reserve the right to refuse entry on any grounds.

Permission to consent for Medical treatment

In the event of an accident/illness, Cheshire YFC will make
every effort to contact parents. I hereby give my
permission to the medical team selected by YFC on my
behalf, to hospitalise or treat my son/daughter, including
anaesthesia, injection and/or surgery.

**Have you ever suffered from Diabetes, Asthma,
Migraine, Epilepsy or any other illness? If yes, please
give details**

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**Are you allergic to antibiotics, penicillin, Elastoplast,
aspirin or any medicines/food? If yes, please give details**

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**Are you receiving any medical treatment or on any
prescribed drugs? If yes, give details.....**

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Transport: I am happy for my son/daughter to be
transported by a member of YFC, of either sex, to and
from the event, if applicable.

Signature

Parent/Guardian

Name of Parent

Date