

## Parental Consent Forms...

### Parental Consent Form (Club Name ) Yorkshire Federation of Young Farmers' Clubs

This form is to be completed by the Parent or Guardian of the member named below **who is under 18 years of age** (child) on [date].

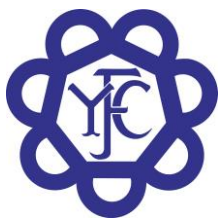
By completing and signing this form, you give consent for your child to attend and participate in [Club name] YFC or YORKSHIRE FEDERATION OF YOUNG FARMERS' CLUBS activities (including online/virtual) and, when you are not in attendance, assigns the responsibility for the supervision of your child to the club/county officers.

[Club name] YFC or YORKSHIRE FEDERATION OF YOUNG FARMERS' CLUBS will take responsibility for ensuring the safe running of all its events by working with the venue management, volunteers and staff. YFC activities, including all face-to-face and online/virtual activities, will be staffed/supervised by at least two DBS checked Club Supervisors. The YFC Code of Conduct applies to all meetings/activities, including virtual meetings, and attendance will be in accordance with the NFYFC or YORKSHIRE FEDERATION OF YOUNG FARMERS' CLUBS Safeguarding Policy. In the event of an accident or concern arising involving a member under the age of 18, [Club name] YFC or YORKSHIRE FEDERATION OF YOUNG FARMERS' CLUBS will liaise with the parent/guardian or club/county officers who are supervising the member. Details on this form will be held securely and will only be shared with volunteer, staff or other organisations who may need this information in order to meet the specific needs of your child.

#### PLEASE USE BLOCK CAPITALS THROUGHOUT

#### SECTION 1 – Details of under-18 year old member (*This section to be completed by the parent/guardian*)

|   |  |                                       |           |
|---|--|---------------------------------------|-----------|
| <b>Full name of YFC member:</b>   |  |                                       |           |
| <b>Address:</b>   |  |                                       |           |
| <b>Date of Birth:</b>   |  | <b>YFC Membership Number:</b>         |           |
| <b>YFC Club:</b>  |  | <b>County Federation:</b>             | YORKSHIRE |
| <b>Name and address of school or educational establishment (or state if home-schooled)</b>                  |  | <b>Contact Tel:</b>                   |           |
| <b>HEALTH &amp; WELLBEING INFORMATION</b>   |  |                                       |           |
| <b>Name and address of Family Doctor:</b>   |  | <b>Contact Tel:</b>                   |           |
| <b>Health conditions e.g. diabetes, asthma, epilepsy, migraine, or any other illness or condition</b>       |  | <b>YES / NO If yes, give details:</b> |           |
| <b>Allergies e.g. antibiotics, penicillin, elastoplast, aspirin or any other medicines, food etc.</b>       |  | <b>YES / NO If yes, give details:</b> |           |
| <b>Disabilities, SEN (Special Educational Needs) other additional needs and/or behavioural difficulties</b> |  | <b>YES / NO If yes, give details:</b> |           |
| <b>Details of any medication to be taken, include frequency and any relevant side effects</b>               |  |                                       |           |
| <b>Dietary requirements</b>   |  |                                       |           |
| <b>Any other relevant information – please give details</b>   |  |                                       |           |



# Parental Consent Forms

## SECTION 2

### Information and Emergency Contact Details *(This section to be completed by the parent/guardian)*

|  |             |  |                       |  |
|--|-------------|--|-----------------------|--|
| The medical information overleaf is complete and correct to the best of my knowledge and I understand that:  |             |  |                       |  |
| – In the event of illness or accident requiring hospital treatment, the responsible person at events and activities will make every effort to contact me <input type="checkbox"/>  |             |  |                       |  |
| – In an emergency doctors/surgeons will make the decision regarding the necessary treatment without my consent <input type="checkbox"/>  |             |  |                       |  |
| – The NFYFC insurance policy is available on request <input type="checkbox"/>  |             |  |                       |  |
| – I am aware that, while the adults in charge of the event will take all reasonable steps to protect all participants from harm, they cannot necessarily be held responsible for any loss, damage or injury suffered during or as a result of the activity. <input type="checkbox"/> |             |  |                       |  |
| – I have read and understood the attached information and give my consent for my child to take part in YFC events and activities <input type="checkbox"/>  |             |  |                       |  |
| Signed : ..... (Parent/Guardian) Date: .....   |             |  |                       |  |
| Full Name (BLOCK CAPITALS)   |             |  |                       |  |
| Address: (if different from above)   |             |  |                       |  |
| Do you have parental responsibility and/or legal guardianship in relation to this member? Yes / No   |             |  |                       |  |
| EMERGENCY CONTACTS   |             |  |                       |  |
| Name: (Parent/Guardian)  | Tel (home): |  | Tel (work):           |  |
|  | Mobile:     |  |                       |  |
| Name: (Parent/Guardian)  | Tel (home): |  | Tel (work):           |  |
|  | Mobile:     |  |                       |  |
| In the event of the parents or guardians above being unavailable, please provide details of an alternative emergency contact   |             |  |                       |  |
| Name:  | Tel (home): |  | Tel (work):           |  |
|  | Mobile:     |  | Relationship to child |  |

I UNDERSTAND THAT I HAVE A RESPONSIBILITY TO INFORM [CLUB NAME] YFC OR YORKSHIRE FEDERATION OF YOUNG FARMERS' CLUBS OF ANY CHANGES TO THIS INFORMATION. ☐

If this form is completed incorrectly [Club name] YFC or YORKSHIRE FEDERATION OF YOUNG FARMERS' CLUBS will contact you to ascertain the relevant information.

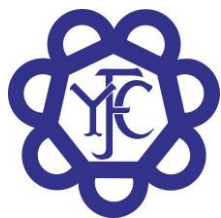
## SECTION 3

### Photographic Consent Form for under-18 year old members *(This section to be completed by the parent/guardian)*

Occasionally, we may take photographs or commission external companies to photograph or film members participating at our Young Farmers' Club activities, competitions and events on our behalf. When holding virtual events and competitions, the activity, or part of it, may be recorded or a screen shot may be taken. As part of the YFC activities, such images are used for the legitimate interest of the organisation, which includes promotional activity such as displays, scrapbooks, newsletters, websites, social networking sites or in publications, and the publishing of competitions results.

Live events, competitions or activities may also be visited by the media who will take photographs or film footage, which may lead to members appearing in these images in local or national newspapers, or on televised or internet news programmes.

In addition, the winner(s) of any competitions that are run will be publicly announced on various media and we would like to include a photograph of the winner. In the event that your child is a competition winner, we may ask them to send a photo of themselves for us to include with our announcements.



## Parental Consent Forms

Videos and photos that are captured as part of our activities (including virtual events and activities) and which include an image of your child may be used, along with their name,\* **unless there are safeguarding or other reasons why you do not wish your child's photograph to be used – please indicate this below/overleaf.**

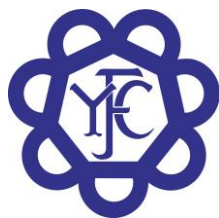
All events will display information regarding the capturing of images and who to speak to if there are any concerns during any event. Online activities will include a statement from the coordinator to alert all in attendance that the session is being recorded. If you have any concerns during an online session, please speak with the session coordinator.

No images will be sold but may be used for external press and news features. All images will be kept for use for a limited time, and then only for historical and reference purposes.

Please complete the details below to indicate your consent for your child to be photographed and for these images/films or audio to be used by [Club name] YFC, YORKSHIRE FEDERATION OF YOUNG FARMERS' CLUBS or the National Federation of Young Farmers' Clubs.

|   |        |
|---|--------|
| I understand that my child may be photographed/filmed taking part in YFC activities and the resulting images or footage may be used by [Club name] YFC, YORKSHIRE FEDERATION OF YOUNG FARMERS'S CLUBS or NFYFC in printed or digital (website and social media) format. | YES/NO |
| I consent to my child's name* accompanying their photograph/images.   | YES/NO |
| If you would like to discuss your child's photography permissions, please tick the box.<br>(you will be contacted by a representative of XX YFC)  |        |

\* in accordance with our Safeguarding Policy, only first names of children will be published where consent is given for the use of names



# Parental Consent Forms

## Parental Permission Slip

The permission slip acts as a means of updating the Annual Consent Form to ensure that event organisers have the most up to date information about the children in their care. This permission slip does not replace the need for the full consent form to be completed annually. Once completed it should be attached to the annual consent form for the named member.

Section 1 should be completed by the event organiser and be retained by the Parent/Guardian

Section 2 should be completed by the Parent/Guardian

Section 3 should be completed by the supervisor or the event organiser where they are assuming the supervision of the member

Parents/Guardians - please tear at the dotted line and return this section to the event organiser.

### Section 1 – Event Details – (This section to be completed by the event organiser)

|  |  |                           |         |
|--|--|---------------------------|---------|
| <b>Event Name:</b>   | HARVEST DANCE 2023                                   |                           |         |
| <b>Event Date:</b>   | SATURDAY 30 <sup>TH</sup> SEPTEMBER 2023             |                           |         |
| <b>Event Location:</b>   | LOWFIELD GRANGE, LANGTHORPE, BOROUGHBRIDGE, YO51 9NZ |                           |         |
| <b>Event Start Time:</b>   | 7.30PM   | <b>Event Finish Time:</b> | 12.30am |
| <b>Event Costs:</b>  | £11.00 each including booking fee                    |                           |         |
| <b>Event organiser:</b>  | Yorkshire Federation of Young Farmers' Clubs         |                           |         |
| <b>Event organiser contact details:</b>  | County Office 01423 546170                           |                           |         |
| <b>Additional information for the parent/guardian to be aware of?</b><br>Please bring cash to purchase soft drinks and snacks. |  |                           |         |

✂ **Tear here** ----- ✂

### Section 2 – Member Details (This section should be completed, signed by parent/guardian and returned to the event organiser)

|  |   |
|--|---|
| <b>Member Name:</b>  |   |
| <b>Club Name:</b>  |   |
| <b>Event Name:</b>   | HARVEST DANCE 2023  |
| <b>Event Date:</b>   | SATURDAY 30 <sup>TH</sup> SEPTEMBER 2023                                    |
| <b>Transport Arrangements:</b>   | Members to organise their own transport with a parent or responsible adult. |
| <b>Additional information for the event organiser to be aware of? (please detail any current medical or other needs)</b> |   |

| EMERGENCY CONTACTS   |                    |  |                              |  |
|--|--------------------|--|------------------------------|--|
| <b>Name: (Parent/Guardian)</b>   | <b>Tel (home):</b> |  | <b>Tel (work):</b>           |  |
|  | <b>Mobile:</b>     |  |                              |  |
| <b>Name: (Parent/Guardian)</b>   | <b>Tel (home):</b> |  | <b>Tel (work):</b>           |  |
|  | <b>Mobile:</b>     |  |                              |  |
| In the event of the parents or guardians above being unavailable, please provide details of an alternative emergency contact |                    |  |                              |  |
| <b>Name:</b>   | <b>Tel (home):</b> |  | <b>Tel (work):</b>           |  |
|  | <b>Mobile:</b>     |  | <b>Relationship to child</b> |  |

I have noted the information and give permission for my child to participate in the above event. I also confirm that the information provided on the Annual parental consent form is current and correct unless updated above.

Signed \_\_\_\_\_ Date \_\_\_\_\_