

**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:

**Strictly no under 16s!!**

Malpas YFC Halloween Party  
Field to the West of Hampton Hall, (Yesteryear  
Rally field) Hampton, Malpas, SY14 8JQ  
What3words- shame.printers.beak

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**

.....

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

.....

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

.....

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 .....