

HYB PARENTAL CONSENT FORM

Sections 1 & 2 of this form are to be completed by the parent or legal guardian of each member under 18 years of age. This form gives consent for the named member to attend the stated event and also gives responsibility for the supervision of that member to their Club Coordinator/responsible adult named by the Club, giving authority for him/her to sign on your behalf any papers needed by the medical authorities in case of any emergency.

The Show Committee will take responsibility for ensuring the safe running of all its events by working with the venue management and our own staff. All attendees under the age of 18 should be managed in accordance with the Safeguarding Children & Young People Policy (available on request).

In the event of an accident or injury to a younger member (under the age of 18), the Show Committee will liaise with the named individual who is supervising the younger member. This will be particularly pertinent if the accident is serious and we have to undertake an accident investigation in conjunction with the relevant authorities e.g. the Police, Health and Safety Inspectorate, etc.

Please use block capitals throughout

SECTION 1 - Details of HYB member aged under 18 years:

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|--|----------------------|------------------------|
| Competition/event: | | |
| Full name of member: | | |
| Date of birth: | | |
| Club: | | |
| HYB Club Coordinator: | | |
| MEDICAL HISTORY | | |
| Name of Doctor: | | Tel: |
| Has the named participant ever suffered from any of the following conditions: diabetes, asthma, migraine, epilepsy or any other illness? | YES/NO | If yes please specify: |
| Is the named participant allergic to anything (e.g. antibiotics, penicillin, plasters, aspirin or any medicines or foods)? | YES/NO | If yes please specify: |
| Is the named participant receiving any medical treatment or any prescribed medication? | YES/NO | If yes please specify: |
| Does the participant have any disabilities, additional needs and/or behavioural difficulties? | YES/NO | If yes please specify: |
| Detail of any medication to be taken, include frequency & any relevant side effects? | | |
| Does the participant have any other special needs (dietary, wheelchair access, etc.)? | Please give details: | |
| Any other relevant information: | | |

SECTION 2 - Declaration & emergency contacts:

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| <p>DECLARATION</p> <p>The medical information overleaf is correct and accurate to the best of my knowledge and, in the event of illness or accident requiring hospital treatment, I give consent for the nominated member above to sign on my behalf any written form of consent required by the hospital authorities, if the delay to obtain my own signature is considered inadvisable by the doctor/surgeon concerned.</p> |
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I have read and understood the attached information and hereby give my consent for the named member to take part in this event. I understand the insurance policy made available to the regional Club and the extent and limitations of the insurance cover provided. I understand that while the adults in charge of the event will take all reasonable care of the young people, they cannot necessarily be held responsible for any loss, damage or injury suffered arising during or as a result of any activity.

Signed..... (*Parent/Legal Guardian)

Date.....

Full name (BLOCK CAPITALS):

Address:

EMERGENCY CONTACTS

Name: (Parent(s)/Legal Guardian(s))

Tel (home):
Mobile:

Name: (Parent(s)/Legal Guardian(s))

Tel (home):
Mobile:

I understand that I have a responsibility to inform the National HYB Coordinator prior to the event of any changes to this declaration.

Return by post: Naomi Lewis, Speir House, Stafford Park One, Telford, Shropshire, TF3 3BD

Return by email: naomilewis@holstein-uk.org

National HYB Coordinator contact details: Naomi Lewis 07593 440428