

## Young Friends 16+ BBQ Parental Consent Form Churchtown Meeting House, Dublin, 28th-29th August 2010

Anything written on this form will be held in confidence. The leaders need to know these details in order to meet the specific needs of your child.

Participant's Full Name:		
Home Address:		
Postcode:	Telephone Number:	
Date of Birth:	Age:	
Next of Kin: Address:	Relationship(e.g. mother):	
Telephone Number: Home:	Work:	Mobile:
Please give an alternative name and contact number (in case of emergency)		
Contact name: Address:	Relationship (e.g. Aunt):	
Telephone Number: Home:	Work:	Mobile:
Does the participant suffer from any conditions requiring medical treatment (e.g. asthma, diabetes, epilepsy)? If yes, please give details, including a list of medication. Will the participant be administering their own medication?		
Do you give permission for paracetamol/ibuprofen to be given to the participant if required for pain? YES / NO		
Does the participant have any allergies (e.g. medication, peanuts)? If yes, please give details:		
Please give details of any special dietary requirements.		
When did the participant last receive a tetanus injection?		
Name of Doctor: Address:	Telephone Number:	
Any other relevant information, needs or requirements:		
<p>I give permission for my child to attend the Young Friends 16+ BBQ and overnight stay on 28th-29th August 2010 at Churchtown Meeting House, Dublin. I am aware that some of the activities involve photography and videing and I give permission for my child to be involved and for these images to be used eg showing the video at future events.</p> <p>I will inform the leaders of any important changes to my child's health, medication or needs and also of any changes to our address or to any phone number given above.</p> <p>In the event of illness or accident, having parental responsibility for the above named participant, I give permission for first aid to be administered where considered necessary by a trained first aider, if available, or medical treatment to be administered by a suitably qualified medical practitioner. If my child should require emergency treatment, I authorise the leader to seek this and the leader will do their utmost to contact me.</p> <p>I confirm that the above details are correct to the best of my knowledge.</p>		
Signature of parent/guardian: (essential for those under 18)		
x _____ x		Date: _____
I am aware that alcohol, mind-altering and illegal drugs are not allowed and if found, will result in me being sent home. I acknowledge the need for helpful and responsible behaviour on my part.		
Signature of participant:		
x _____ x		Date: _____
Will you be travelling by train? Yes / No. If yes, which train will you be on? _____		

Please bring this form with you to the event or return via post to  
Orla Reaper-Reynolds, 80 Woodlawn Park Drive, Firhouse, Dublin 24.