

BIG DAY OUT 2019 GENERAL INFORMATION AND CONSENT FORM



This should be filled in before the event and carried with any under 18yr olds at all times.

Under 18's remain the responsibility of the adults they travel with, and should be looked after appropriately.

Event details Synod Big Day Out

Venue of event: **Royal Welsh Showground** Date of event: **29th June 2019**

Details of participant

Full name:

Address:

Postcode:

Gender: *Male / Female* Date of birth:

Contact Details of parent/carer Name

Address:

Home phone: Other phone:

Email address:

If you do not hold parental responsibility for the participant (e.g. if you are a foster carer / grandparent etc) please give details of the person with parental responsibility for them:

Name: Phone:.....

Address:

Details of alternative emergency contact

Name: Home phone:

Other phone:

Declarations of consent

The following declarations must be signed by someone with parental responsibility for the participant:

General consent (including emergency medical treatment)

I have read the information sheet and give consent for..... to attend and participate in the activities of the above event. I acknowledge the need for them to behave responsibly and to take special note of any safety instructions.

I understand that while involved they will be under the care and supervision of the approved adult workers appointed by the church, though during periods of free time close supervision by workers may not always be possible. While these workers will take all reasonable care of the participants, they cannot necessarily be held responsible for any loss, damage or injury suffered during, or as a result of, the activity.

In the event of illness or accident requiring emergency treatment, I give consent for them to receive emergency dental, medical or surgical treatment as considered necessary by the medical professionals present. I understand that every effort will be made to contact me first.

Signed: Dated:

Consent for photography and video:

From time to time we may take photographs or videos of the participants to provide a reminder of the event for those involved and to use on church displays, posters and flyers, church website, and occasionally in the local press. Photos or videos used publicly will focus on activities and groups rather than individuals; they will not show the outside of an identifiable building; and participants will not be named or linked with any personal details. Photos or videos will not be taken if the participant is themselves unwilling.

I give consent for photos/videos of the participant named on this form to be used, as above.

Signed: Dated:

Medical Information

Doctor's name, address & telephone number:

Current medical conditions (asthma, allergies, migraine, diabetes, epilepsy, etc):
.....

Any medication currently being taken:.....

(To request that medication be administered, please complete a Request to Administer Medication form.)