

# Parental Consent Form

## Permission to participate in the Harlow Youth Council activities/residential/events

1. I agree for my son/daughter/ward taking part in the HYC activities/event.
2. I undertake not to hold Harlow District council responsible for compensation in respect of loss or damage to personal property, which he/she sustains during the activities.
3. I understand the importance of advising the District council of any medical or special needs which may require particular attention in order to enable my son/daughter/ward's full and safe participation in the events.
4. I understand not to permit my son/daughter/ward to attend the visit if he/she is not in good health or has been in contact with an infectious disease within 2 weeks of the commencement of the visit.
5. If at any point of the visit, he/she requires urgent medical treatment, and provided that I cannot be contacted personally, I give my permission to the medical authorities to administer such emergency treatment, including anaesthetic, as they consider necessary in the circumstances.
6. I understand that if my son/daughter/ward causes harm or serious upset to a member of the group or to a member of staff, that it is my responsibility to collect them from the activity/residential/event.

**Please complete in block capitals all parts of this form.**

### The Candidate

**Family Name**

**Forenames**

**Age**

**Date of birth** \_\_\_/\_\_\_/\_\_\_

**Home address**

**Post Code**

**Telephone number**

**Mobile number**

**Medical conditions/Medicines**

**Special Dietary needs**  
(e.g. vegetarian, food allergies)

**Two emergency contact numbers (home & mobile)**

**Number 1**      **Name**      **relationship**

**Number 2**      **Name**      **relationship**

**Signed**      **print name**

**Relationship**      **date**