

PARENT / GUARDIAN CONSENT FORM

(TO BE COMPLETED IN **BLOCK CAPITALS** WHEN REGISTERING THE ATTENDEE)



Activity (please circle): Young Farmers Discovery Volunteering
 Own a Pony Riding Course Other: _____

ATTENDEE'S DETAILS

Forename: _____

Surname: _____

Address: _____

_____ Postcode _____

Date of Birth: _____ / _____ / 19 _____
 Day Month Year

Current Age: _____ Years _____ Months

PARENT / GUARDIAN DETAILS

Forename: _____

Surname: _____

Address (if different from the attendee's address):

_____ Postcode _____

Home Tel: _____

Work Tel: _____

Mobile Tel: _____

Relationship to Attendee (eg. Mother, Carer, etc):

(Please name another person we can contact in an emergency, ie. neighbour, relative, friend)

Other Contact: _____

Emergency No: _____

ATTENDEE'S HEALTH & SUPPORT NEEDS

Please list any health problems or allergies which may affect this person during their activity, eg. hay fever, food allergies, asthma, epilepsy.

Please give any reason if this person has extra support at school, eg. English as an additional language, learning difficulties, disabilities.

Has this person had a tetanus immunisation within the last five years? (Please circle)

Yes, Definitely / Probably / Very Unlikely / No

CONTACTING YOU IN THE FUTURE

Would you be happy to be contacted by the Farm about future events and children's activities?

Yes No

If Yes, can you give us an email address to use?

AUTHORISATION QUESTIONS

1. Can Farm staff administer the following on this person? (Please tick all that apply)

- Sun cream Antiseptic wipes
 Plasters Paracetamol or equiv.

2. Is this person able to leave site:

- Unaccompanied by a member of Farm staff?
 With a member of Farm staff, eg. On a trip around the local area?

Staff to attendee ratios will not exceed 1 to 8.

3. Consent is given for photographs of this person to be used for publicity purposes:

- On Farm displays? In the local press?
 On the Farm's website?

PLEASE COMPLETE THE FINAL BOXES & DECLARATION ON THE REVERSE OF THIS FORM



WHO CAN COLLECT THE ATTENDEE

We will only allow this attendee to be collected by you and the following people. Please sign for each person authorised. If this person is allowed to leave site without being collected, then please cross through this section:

Name	Relationship to this person:	Parent/Guardian signature:
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

IMPORTANT NOTES

Attendees must wear suitable clothing for this activity and suitable protection from the sun should be provided during hot weather, ie. hats or caps and tops which cover the shoulders. We will not routinely apply sun-cream and failure to provide suitable protection from the sun may result in the attendee missing activities.

Attendees on holiday programmes will be supervised throughout the day but must wear identifying armbands (issued on arrival) and remain in the designated areas of the farm yard, café, the Cabin and the riding school / arena unless given specific permission otherwise.

All our activities are assessed for risk and the attendee will be kept safe throughout their day. However, you should be advised that some activities are classed as 'risk sports'. There are also minor risks when handling or working around animals.

Any accidents will be recorded in our accident book and you will be asked to countersign the record when you collect the attendee. We will try to contact you if the attendee has an accident that is anything other than very minor.

Attendees should bring a packed lunch or enough money to purchase lunch from the Café.

DECLARATION

I confirm that the above information is true & correct and I am authorised to sign this for the attendee. It replaces any previous form on record:

Name (Please print)	Signature	Date
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____