

Nottingham Diocesan  
Catholic Youth Service  
The Briars, Crich Common.  
Matlock, Derbyshire  
DE4 5BW

**Live it – Nottingham - NDCYS**  
**Parental Consent Form**



A registered charity 522334

*Information given will be used solely for the purpose for which it was given,  
held confidentially, updated when necessary and destroyed when no longer required.*

**Nature of event/activity; Live it Nottingham**

**Location; St Barnabus' Cathedral**

**Date; 24/1/2010**

**Time; 4-7:30pm**

**I agree to** \_\_\_\_\_ (name) \_\_\_\_\_ (D.O.B.)  
\_\_\_\_\_ (address)

- Participating in the above event/activity
- Being part of group/activity photographs taken during the event in accordance with the Youth Service policy, a copy of which is available at [www.ndcys.com](http://www.ndcys.com)
- I acknowledge the need for responsible behaviour and will ensure that my child is aware of the need to follow the instructions of leaders.

**Transport arrangements (for which parents/carers hold responsibility)**

Please give details of how your child will travel to and from the activity or the pick up point for the day/residential trip.

**Contact telephone numbers**

**First contact**

Name \_\_\_\_\_ Relationship to child \_\_\_\_\_

Address \_\_\_\_\_

Home phone number \_\_\_\_\_ Alternative number \_\_\_\_\_

**Second contact**

Name \_\_\_\_\_ Relationship to child \_\_\_\_\_

Address \_\_\_\_\_

Home phone number \_\_\_\_\_ Alternative number \_\_\_\_\_

**Family doctor**

Name \_\_\_\_\_

Address \_\_\_\_\_

Phone number \_\_\_\_\_

**Medical information about your child**

- a. Any conditions requiring medical treatment including medication e.g. inhalers, antiepileptics or insulin?  
Yes  No

If YES, please give details, including if your child is able to administer their medication independently;

*All medication not administered by your child must be lodged with adult leaders  
with clear written instructions of amount and frequency of dosage.*

- b. Please outline any special dietary requirements of your child (including allergies e.g. nuts) and the type of pain/flu medication your child may be given if necessary.

- c. Please outline any fears or phobias your child has. This information will assist the leaders to plan appropriate activities and help your child should any difficulties arise.

- d. Is your child allergic to any medication? Yes  No

If YES, please give details.

- e. When did your child last have a tetanus injection?

- f. Is there any other relevant information/specific needs that need to be known by the leaders? e.g. travel sickness/mobility

- g. FOR RESIDENTIAL TRIPS ONLY

To the best of your knowledge, has your child been in contact with any contagious or infectious diseases or suffered from anything in the last few weeks that may be contagious?

Yes  No

If YES, give details.

*I will inform the leader of any changes to the above information between now and the commencement of the journey/activity*

**Declaration**

In the event of an illness or accident every effort will be made by the event leaders or their assistants to contact me. If for whatever reason this is not possible I agree to my child receiving medication as instructed and any emergency dental, medical or surgical treatment, including anaesthetic or blood transfusion, as considered necessary by the medical authorities present.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Full Name and relationship to child \_\_\_\_\_