

Northern Area Field Day Parental Consent Form

This form is to be completed by the Parent or Guardian of the member named below **who is under 18 years of age** on Saturday 13th June 2026. It gives consent for that member to attend the Northern Area Field Day and the responsibility for the supervision of that member to a named individual, when the parent is not attendance. If you as the parent are attending please complete sections 1, 3, 4 and 5 of this form, if your child is attending with a supervising adult please ensure they (the supervising adult) completes section 2. Northumberland YFC will take responsibility for ensuring the safe running of all its events by working with the venue management, volunteers and staff. Member's attendance will be in accordance with the NFYFC Safeguarding Policy. In the event of an accident or concern arising involving a member under the age of 18, Northumberland YFC will liaise with the parent or the named individual who is supervising the member. Details on this form will be held securely and will only be shared with volunteers, staff or other organisations that may need this information in order to meet the specific needs of your child. **Please use block capitals throughout the form.**

Section 1 – Details of under-18 year old member *(This section to be completed by the parent/guardian)*

Competition/Event/Activity: Date:	Northern Area Field Day - Saturday 13th June 2026
Full name of YFC member:	
Address:	
Date of Birth:	
YFC Membership Number:	
Name of YFC Club:	

If you as the Parent/Guardian are attending this event please tick this box and proceed to Section 3

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Section 2 – Details of the adult nominated by the parents/guardian to supervise the member named above

(This section to be completed by the supervising adult)

Name of person to supervise under 18 member:	
Membership number (if applicable):	
Mobile telephone number:	
Relationship to under 18 year old member: Please specify: friend, family member, etc.	
As the named individual with responsibility for supervising the underage member, I agree to co-operate with Northumberland YFC during any accident investigation relating to the individual YFC member I am supervising.	
Signature of supervising member:	
Date:	

Section 3 - Details of under-18 year old member (This section to be completed by the parent/guardian)

HEALTH AND WELLBEING INFORMATION	
Name of Doctors Surgery	Address: Contact Tel:
Name of the school or educational establishment: Or state if the young person is home educated	Address: Contact Tel:
Do you have any of the following?	YES / NO If yes, give details in the box below.
Health conditions	
Disability	
SEN (Special Educational needs)	
Allergies	
Other additional needs	
Dietary requirements	
Any other relevant information we need to be aware of (e.g. medications): Please give details.	

Section 4 – Photography Permissions (This section to be completed by the parent/guardian)

As part of the YFC activities, pictures and videos are used for the legitimate interest of the organisation which includes promotional activity and the publishing of competitions results. Official event photography and video from the event will include your child unless there are safeguarding or other reasons why you do not wish your child's photograph to be used, please indicate this below. All events will display information regarding the capturing of images and who to speak to if there are any concerns during an event. No images will be sold but may be used for external press and news features. All images will be kept for use for a limited time and then only for historical and reference purposes.

	Please tick
I understand that at this event my child may be photographed/filmed taking part and the resulting images or footage could be used by NFYFC in printed or digital (website and social media) format with their name accompanying.	
I would like to discuss my child's photography permissions (you will be contacted by a representative of Northumberland YFC)	

Section 5 - Information and Emergency Contact Details *(This section to be completed by the parent/guardian)*

The medical information above is correct to the best of my knowledge and in the event of illness or accident requiring hospital treatment I understand that the responsible person at the event will make every effort to contact me. In emergency doctors/surgeons will make the decision regarding the necessary treatment without my consent. I have read and understood the ~~attached~~ above information and hereby give my consent for my child to take part in this event. I understand that the YFC member insurance policy is available on request. I am aware that while the adults in charge of the event will take all reasonable steps to protect all participants from harm, they cannot necessarily be held responsible for any loss, damage or injury suffered during or as a result of the activity.

Signed: (Parent/Guardian) **Date:**

Full Name (Block Capitals)

Do you have parental responsibility and/or legal guardianship in relation to this member?

Yes / No

EMERGENCY CONTACTS

Name: (Parent/Guardian)

Tel (home):

Tel (work):

Mobile:

Name: (Parent/Guardian)

Tel (home):

Tel (work):

Mobile:

I understand that I have a responsibility to inform Northumberland YFC prior to the event of any changes to this information. If this form is completed incorrectly Northumberland YFC will contact you to ascertain the relevant information or to collect your child if necessary.