

UKYC 2017 Parental Consent – Under 18s

This **form** and a **£40 deposit** will secure a place for the child below and any early booking pricing that may apply. These items must be returned within **one month** of the child's online UKYC registration. Failure to do so will result in the removal of the child's registration and their place will be offered to another person.

Please return the form and deposit to: **UKYC c/o Shirley Christadelphian Hall, Church Road, Shirley, B90 2AX. UK**

Name of Child		Date of Birth	
Gender	Male / Female	Age at UKYC	
Home Address		Telephone Number	
Emergency Contact Details 1		Emergency Contact Details 2	
Name		Name	
Address		Address	
Telephone Number (including mobile)		Telephone Number (including mobile)	
Relationship to Child		Relationship to Child	
Doctor's Information			
Doctor's Name		Address	
Surgery		Telephone Number	

MEDICAL INFORMATION

Does your child have any **medical issues** or **dietary requirements** (including **allergies**)?

YES / NO

If YES, please state in detail below:

Is your child currently taking any **medication** that they will be bringing to UKYC?

YES / NO

If YES, please state in detail below (including if they need support to administer their medication):

All delegates attending UKYC with an Epi-pen will be provided with a plastic box to place the Epi-pen in. This will be located in their rooms in a common place for ease of access should they need to be used. It is the delegate's responsibility to look after their medication.

Does your child have any **disabilities**?

YES / NO

If yes, please state in detail below:

UKYC provides a variety of activities, some of which may involve a certain degree of risk. Your child will not be forced to participate in any activities against their wishes.

Full name of **parent / guardian** _____

I give permission for first aid to be administered to my child by a trained adult. I give permission for my child to be treated by a GP or at a hospital, including treatment under general anaesthetic if necessary. I understand that every effort will be made to contact me as soon as possible. From the date this form is signed to the end of UKYC 2017, I will inform the UKYC committee of any changes to the information given.

I confirm that all details are correct to the best of my knowledge and that I am able to give parental consent for my child to attend UKYC and participate in the arranged activities.

Signed _____

Date _____



Cut out & keep info for Parents/Guardians

UKYC 29th July - 5th August 2017

In case of emergency during UKYC, please contact the Pioneer Centre:

Pioneer Centre
Cleobury Mortimer,
Shropshire,
DY14 8JG.
☎ 01299 271 217

Or, brother Michael Movassaghi:

☎ +44 (0)7967 605 533

Any questions? Please email bookings@ukyc.org