



Woodcraft Folk

Event Health & Consent Form

District Name/Group/Project name.....

Event Name:

Date(s):

Venue

All participants who are under the age of 18 on the date of the event must hand in a fully completed Health & Consent form in advance to: **(organiser name:.....)**

To be completed by the parent/guardian of any participants under 18 years

Full name of participant	
Date of Birth	
Address	
Contact Telephone Number	
Doctors Name	
Doctors Address & Contact Telephone number	

Parent/Guardian contact information

Parent/Guardian's Name	
Parent Guardian's emergency contact telephone numbers	
2nd Emergency Contact Name & Telephone	

Continued overleaf

Participant's Medical information & Additional Needs

Details of any recurring illness e.g. diabetes, asthma	
Details of any allergies e.g. food, medicine	
Details of any medication to be taken	
Details of any additional support or access needs for your child	<i>Please include any physical/sensory needs, learning disabilities and or additional social, emotional or behavioural needs?</i>
Is there anything else you feel may be useful	

Consent

I have read and understood the activity information and hereby give my consent for the above mentioned child or young person to take part in Woodcraft Folk activities at the venue listed above and in the locality. I understand the extent and limitations of the insurance cover provided. I also agree that a similar activity may be substituted if changes to the programme are forced by safety, external events or weather conditions.

In the event of an accident I consent to:

- A Woodcraft Folk leader/first aider administering any necessary first aid treatment **YES/NO**
- My child being taken to hospital and receiving any treatment necessary **YES/NO**

I agree that my child may appear in Woodcraft Folk publicity items generated e.g. newspaper articles, photographs, websites.

I agree that my child may feature or be referred to on Woodcraft Folk social media for the purposes of publicity or photographs of Woodcraft activity

I agree to the above information being retained securely by group leaders. This information will only be shared if necessary to safeguard a child e.g. with a medical professional.

Please sign & note your relationship to the child/young person	
Date	