



Speaker: **Mark Castleton**
(Minister at St.Thomas)

**Friday 6th to Sunday
8th March 2015**



**** Please fill in ALL details****

AYF Members Full Name: _____ **Aged:** _____ **Date of Birth** _____

Address: _____

Post Code: _____

Parents/Carers email address: _____

AYF Members Mobile Number: _____ **Home Phone Number** _____

Who would you like to share a room with? _____

Do you have any special dietary requirements? _____

Are you taking any medication we should know about? _____

If there is any other information we should be aware of, please speak with any AYF leader.

Parents contact details: Mobile _____ **email:** _____

Doctor's Details: Dr. _____ **Phone Number** _____

Parental Consent

1. I agree to my son/daughter taking part in AYF activities.
2. I understand that the leaders responsible for the activities will take all reasonable care of the participants.
3. I consent to any emergency treatment necessary. I therefore authorise the group leaders(s) to sign on my behalf, any written form of consent required by the hospital authorities should medical treatment (a surgical operation or injection) be deemed necessary, provided the delay required to obtain my signature might be considered, in the opinion of the doctor or surgeon concerned, likely to endanger my son/daughters health or safety.
4. Within the leadership team we have qualified first aiders. Should the need arise, do you give consent for minor first aid treatment to be administered? (E.g. dressings, antiseptic cream, paracetamol; cough mixture etc?) **yes/no** (delete as necessary)

signed: _____ parent or guardian

Note: The medical profession takes the view that the parents/carers consent to medical treatment cannot be delegated. This view is explicit in The Children's Act 1989. Thus, the medical consent forms have no legal status and a doctor or nurse insisting on the consent of a parent/carer to a particular treatment has the right to do so. For this reason, we do not recommend that Leaders insist on parents/carers signing the statement above. However, it can be a comfort to medical staff to have general consent in advance from parents/carers or to have a Leader on hand able to sign forms required by medical authorities.

The cost of the weekend will be £90

Please make all cheques payable to 'Aldridge Youth Fellowship'

Photographs taken on all AYF events may be used on the AYF/APC church websites.

Please contact the leadership team if this is not acceptable.

Contact Kate or Andy Watson 07986407000/07885 965459 or Rob Cook on 07739 878 303 with any queries

Post or give your form to any of the leaders. Post to: 3, Links Side Way, Aldridge, Walsall, West Midlands. WS9 8HT