



REACT Youth Festival Consent Form
27th – 29th June 2008

This section to be completed by Parent/Guardian

Name of young person _____ D.O.B _____ Age (on 27/6/08) _____

Address _____

_____ Postcode _____

Name of parent/guardian _____

Address (if different from above) _____

_____ Postcode _____

Tel No. (daytime) _____ (evening) _____

Additional contact for emergencies _____

Relationship to participant _____

Tel No. (daytime) _____ (evening) _____

MEDICAL DETAILS

Name of GP _____ Tel No _____

Participants National Health No: _____

Date of last tetanus injection _____

Does he/she suffer from asthma, allergies, diabetes, epilepsy or any other medical problem that may affect normal activity? please give details of condition and treatment.

Will he/she have any medicines/tablets with them? Please give details

Does he/she have any special dietary needs? _____

Please notify the group leader if he/she is in contact with any infectious disease within 3 weeks prior to the event.

CONSENT

I give my permission for _____ to participate in REACT 2008

I consent for any photographs taken during REACT, being used to publicise future diocesan events, and to appear on any printed publicity material and on Catholic websites. In the event that I cannot be contacted by ordinary means, I give my permission for _____ to receive any necessary medical treatment and authorise the group leader to sign any document required by the hospital authorities.

Signature of parent/guardian _____ Date _____