



## The NI Cancer Fund for Children

### Parental Consent and Emergency Contact Form for Residential and Activities

**It is the responsibility of parents/guardians to complete this form fully and accurately. All information will be held in the strictest confidence and will be used to ensure your child/young person's safety and to promote inclusion for all.**

EVENT: ..... Date: .....

Full name of child/young person: .....

Date of Birth: .....

Address: .....

.....

Please give the name and contact number of two responsible adults who can be contacted in case of an emergency:

1. Name: ..... Number: .....

2. Name: ..... Number: .....

Please provide any information regarding medical conditions that may be relevant e.g. asthma, diabetes, epilepsy or other:

.....

.....

Is this child/young person currently taking any medication (including cold/flu relief) YES  NO

If yes, please give full details: .....

Can this child/young person self-administer their medication? YES  NO

Does this child/young person have an intravenous line in place? YES  NO

Is this child/young person allergic to anything e.g. foods, medication or insect bites? .....

.....

Has this child/young person suffered from or been in contact with any contagious or infectious diseases e.g. chicken pox or measles in the last four weeks? If yes, please give brief details:

.....

GP Name: .....

Address: .....

Telephone Number: .....

Does this child/young person have any special dietary requirements? .....

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Does this child/young person have a statement of special needs? If yes, please give details: .....

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Does this child/young person have any behavioural problems/special needs or particular requirements (e.g. mobility, is a night light required, have they been away from home before?)

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Have you any concerns about this child/young person in relation to water-based activities? If yes, please give details:

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In the unlikely event of a medical emergency every possible effort will be made to contact you. However, we seek your agreement that your child/young person may receive emergency medical treatment if the situation arises. It is important for you to understand that any medical decision will be made by a doctor. If you do not agree it will not necessarily bar your child/young person from participating, but we would be grateful if you would discuss this matter with a Youth Programme Co-ordinator.

**I agree to my child/young person receiving medical treatment in the case of a medical emergency, and I confirm that all the information contained on this form is accurate. I agree to notify you immediately if any changes occur.**

**Signed: ..... Date: .....**  
**(Adult with parental responsibility)**

**Definition of Parental Consent**

The Children (NI) Order 1995 (Article 6(i)) defines specifically who has parental responsibility. In law, the natural mother has parental responsibility. The natural father has parental responsibility if:

- He is married to the mother at the time of birth, or subsequently marries her.
- Through a formal, written agreement with the mother, witnessed by a solicitor
- Through being granted a Parental Responsibility Order by a Court. (Article 7)
- From 15<sup>th</sup> April 2002, by jointly registering the baby's birth.

Stepfather, stepmothers or partners may not have parental responsibility unless granted by a court. Other members of the family, such as grandparents, can apply for parental responsibility through the same court process.

Please Note that under NICFC Child Protection Guidelines on the disclosure of information; If a child discloses information relating to a child protection issue, the disclosure will be taken seriously by the organisation and acted upon in line with our Child Protection Policy & Procedures.

**CONSENT FORM MUST BE COMPLETED PRIOR TO ATTENDING A RESIDENTIAL OR ACTIVITY. FAILURE TO DO SO WILL RESULT IN A PLACE NOT BEING OFFERED.**

Official Use Only
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