

Norfolk County Council Fire & Rescue Service **Form PC/B**
Personal information / Parental Consent Form - Category B Visits

CONFIDENTIAL

To be completed by the Visit Leader:

Please return to : Tony Lucas (Visit Leader) Tel No: 07919 492316

The Visit Leader who will only divulge information on this form to other staff as necessary, to ensure the welfare and safety of the participant.

Group: **Norfolk Fire & Rescue Service Youth Development Gold DofE Residential**

Place of visit: **King's Lynn Fire Station and Dunton Centre, Shereford nr Fakenham**

Day & date of course start:

Day & date of course end:

List of activities to be undertaken on D of E Gold Residential: Fire & Rescue Service drills, problem solving & leadership / teambuilding challenge tasks, travel on fire service vehicles and domestic residential tasks.

Method of travel: Mini bus and fire appliance (seat belts fitted as standard **Yes**/No)

To be completed using block capitals (by Parent/Guardian if participant is under 18)

Young person's full name: _____ Date of birth: ____/____/____

Home address: _____

Post code: _____

Main telephone numbers : _____

Email address: _____

Name of parent(s)/guardian(s):

(i) _____ Relationship: _____

(ii) _____ Relationship: _____

Addresses of parent(s)/guardian(s) and/or other contact persons:

(i) _____

Tel. no. _____

(ii) _____

Tel. no. _____

Doctor's name : _____

Surgery address : _____

Doctor's Tel. no: _____ National Health No.(if known): _____

Date of last known tetanus injection (if known):

Please give details of any recent illnesses or on going health issues / concerns:

Please give name and dosage of any medications currently being taken:

Please tell us about any allergies, e.g., medicines, food, bee stings, etc.

Please tell us about any food not eaten for religious or health reasons:

Please provide any other information which you feel might be useful in an emergency, or that the Visit Leader should be aware of: e.g. phobias, epilepsy, hyperventilation, sleepwalking, diabetes, travel sickness, toileting difficulties, friendship problems, etc.

I am willing for my child to take part in the above visit/journey, and having read all the information provided, I agree to his/her taking part in the activities described. I also agree that any photos / film or recording maybe used in promoting the good work of Norfolk Fire & Rescue Service Youth Development.

I understand that the staff responsible for the activities will take all reasonable care of participants.

I give/do not give* permission for my child/ward to receive pain relieving medication when appropriate (one dosage of paracetamol only). * please delete as appropriate

I agree to my child/ward receiving medication as instructed and any emergency dental, medical or surgical treatment, including anaesthetic or blood transfusion, as considered necessary by the medical authorities present.

I understand the extent and limitations of the insurance cover provided.

Signature of Parent / Guardian: _____
(if participant is under 18)

Signature of Participant: _____

**Should there be any amendments to this form after it has been handed in,
please contact the Visit Leader immediately.**