

A stay awake has been organised for the 22nd Oct 2011 after the 'battle of the sexes' which starts at 7.30pm. If your child would like to come along please fill out the form below and return it to me or any YF Leader by Sun 20th Dec.

If you have any questions or concerns about this event please feel free to chat to me at any time.
 Louise (07590214810)

Stay Awake Consent Form

Full Name	
Address	
Date of Birth	
Any Medical Conditions	
Any medication your child will require during the event.	
Any Allergies (and treatments)	
Name of Doctor	
Address of Doctor	
Any Dietary Conditions/Needs	
Contact Name for event	
Contact Number(s) for event	
Alternative Contact for event	
Alternative Number(s) for event	
Do you give permission for your child to be in photographs? Y/N	

I give permission for the above named young person to attend the Stay Awake and take part in the activities, which have been organised for the event.

In the event of an accident or emergency I give permission for first aid to be administered where necessary by a trained first aider or medical treatment by a suitably qualified medical practitioner.

Name (Print) _____

Name (Signed) _____

Relationship to child _____

Date _____