

**NOTTINGHAM YOUTH ORCHESTRA**  
**Tour to Jersey 27 July – 1 August 2014**

**CONSENT FORM FOR PARENTS & GUARDIANS**

**Full name of orchestra member:**

**Date of birth:**

**Tetanus:** has your son/daughter been vaccinated against tetanus? YES/NO  
If yes, please give date:

I agree to or confirm the following:

1. I authorise members of the NYO staff, during the course of the Tour, to approve such medical treatment as is deemed necessary in the event of an accident or illness.
2. I authorise members of the NYO staff, during the course of the Tour, to give my son/daughter a small dose of pain killers such as paracetamol for ailments such as headaches.
3. \*Any medical condition and allergies from which, to my knowledge, my son/daughter is suffering, are described in the attached letter, which also gives details of special medical requirements, including drugs/treatment.  
*(\*delete if not applicable)*
4. NYO has been notified of any special dietary requirements
5. I undertake to inform Margaret Chadwick in writing of any medical condition which may arise between now and the day of departure for Jersey.
6. I understand that the NYO staff accompanying the Tour will take all reasonable care of my son/daughter but I accept that there will be occasions when he/she will not be under direct supervision.
7. I give/do not give\* permission for my son/daughter to swim (we will only be at beaches where there are lifeguards on duty) and understand that they may not always be under the direct supervision of NYO staff.  
*(\*delete as applicable)*
8. As there will be many photographs taken during the tour, some of them for use in the NYO archives and possibly in future programmes, I confirm that I have no objection to any such photograph which might include your son/daughter being used for such purposes

Signed \_\_\_\_\_ parent/guardian

Date \_\_\_\_\_

**/see over**

## Emergency contact details

Full name and address of parents or guardians at which they can be contacted during the Tour:

### Telephone numbers:

DAY.....

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EVENING.....

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MOBILE.....

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Alternative emergency contact:

Name:

Relationship:

Telephone:

Address:

Name & address of family doctor:

Doctor's telephone number: