

Oskorei

Parental consent form and medical questionnaire

Event _____ Dates _____

Activities include: **Any** in relation to Saxon/Viking/Norman/Multi-period re-enactment (As per the Membership Guide. Further details on request)

This form gives information on a particular event. It allows parents/ guardians of young people to give the necessary authority to the re-enactment group Oskorei to (a) take your child to the event and to (b) act on your behalf in the event of an emergency. Please note that signing this form does not affect your rights in any way.

I wish my son/daughter (name) to be allowed to take part in the above mentioned event. I agree to him/her taking part in **any** of the activities included, as permitted by an appropriate member of Oskorei. I am aware that it is the nature of re-enactments that the environment and activities are potentially **dangerous**, as described e.g. on the New Member Form already signed for this child. I am fully aware that other people at the event are **not** required to have CRB clearance, and that my child may share transport (e.g. private car) and/or **share accommodation** (e.g. tent) with other member(s) of the group.

I understand that the group will take **reasonable care** of my child and their personal effects, but will not be able to pay any damages or expenses should my child have an accident or suffer a loss which is not as a result of any lack of care by Oskorei members. I understand that Oskorei **cannot be held responsible** for the actions of my child which may cause any liability towards a third party, unless it can be proven that the group was at fault. I understand that Oskorei reserve the right to request the **removal of my child** from the event should their behaviour be unsuitable or of concern.

Signature of parent/guardianDate

Address

.....

Next of kin's name & telephone number (your emergency contact number)

.....

Other "Next of kin" name & telephone number

.....

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Event _____ Dates _____

Contact _____ Phone _____

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MEDICAL QUESTIONNAIRE

The questions below relate to (name)

Who is taking part in (event)

Please answer **all** the questions. If the answer is 'yes', ***please give further details.***
Write in the margins, on the back of this sheet, or on other sheets as appropriate. If the answer is 'no' or 'n/a', write 'no' or 'n/a'.

1. Does your child suffer from any conditions requiring **medication**?
If so, which?

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.....

2. Does your child suffer from any **allergies**? If so, which?

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.....

3. Is there any **condition** that may affect your child's full participation in these activities?

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4. Does your child have any special **dietary** requirements?

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5. Are there any restrictions on **emergency treatment** we may authorise for your child (e.g. blood-giving)?

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6. Anything else we should know?

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.....

Signed: Date:

In the event of any accident or incident, Oskorei will endeavour to contact you at the earliest opportunity, mobile network and/or landline availability permitting. Re-enacting is a 'theatrical' occupation; your contact may have their mobile phone switched off for some or all of the weekend!