

# POSTELLER CONSENT FORM

If you are under 16 please ask your parent/guardian to sign this form.

Please delete as appropriate and sign at the bottom.

I am willing/unwilling for my son/daughter to take part in the Posteller trip

to \_\_\_\_\_ on \_\_\_\_\_

Child's name (block capitals please) \_\_\_\_\_ Date of birth \_\_\_\_\_

I am willing/unwilling for photos of my son/daughter to be used in the Posteller newsletter. Please note that the newsletter appears on the Posteller website.

I am willing/unwilling for photos of my son/daughter to be used on the Posteller website.

I am willing/unwilling for photos of my son/daughter to be used in Posteller publicity.

I am willing/unwilling for my son/daughter to travel by private car if necessary.

I am willing/unwilling for my son/daughter to be given Milk of Magnesia in the event of stomach pain.

I am willing/unwilling for my son/daughter to be given Calpol (under 12 years), Paracetamol (12+ years) in the event of headache.

I understand that Posteller leaders may share bedrooms with the young people when necessary and I am willing/unwilling for my son/daughter to do this.

I understand that whilst the YHA leaders are in charge of the group they will take reasonable care of the young people, they cannot be held responsible for any loss, damage or injury suffered by my son/daughter while on the trip. I consent to any emergency medical treatment that may be necessary during the trip. All leaders have been checked through the Criminal Records Bureau and all minibus drivers have passed the national minibus test – MIDAS.

PARENT/GUARDIAN SIGNATURE \_\_\_\_\_

ADDRESS \_\_\_\_\_

Telephone: \_\_\_\_\_ Mobile: \_\_\_\_\_

## IMPORTANT NOTE

While not necessarily preventing your son/daughter taking part, it is essential that you tell the Posteller organiser if your son/daughter has recently been in contact with any infectious diseases e.g. measles or suffers from any physical disorders e.g. allergies, asthma, epilepsy or had any recent operations. If your child is taking medication, please provide full details.

# POSTELLER BOOKING LETTER

Please fill in this form – **Look at this month's newsletter** – read the details of the trip you want to book for:

1. Find out how much you need to send to the Postellers.
2. Buy a postal order or make a cheque out for this amount.
3. Make it payable to **Postellers YHA Group**.

Send to: The Postellers  
c/o Carrie Martin  
2a Frayne Road  
Bristol  
BS3 1RU

Delete as appropriate:

I/we shall be having: Evening meal I/we shall be self-catering  
Breakfast  
Packed lunch

Please tick if you are vegetarian

I would like to come on the Posteller trip to: \_\_\_\_\_

Your name (CAPITALS): \_\_\_\_\_

Address (CAPITALS): \_\_\_\_\_

\_\_\_\_\_ Postcode: \_\_\_\_\_

Telephone: \_\_\_\_\_ Mobile: \_\_\_\_\_ Email: \_\_\_\_\_

I enclose a postal order/cheque payable to Postellers YHA Group for: \_\_\_\_\_

**PLEASE NOTE: THERE IS NO SMOKING ON POSTELLER TRIPS.**

**Please sign below.**

**I agree that my behaviour on this trip will not spoil the enjoyment or threaten the safety of others on the trip or members of the public.**

**Posteller's or newcomer's signature:** \_\_\_\_\_

You will be sent details a few days before the trip. If it is already fully booked you will have your booking back within a few days. If you have any questions please ring Diane Nightingale on 020 8440 0203.

**Have a good trip. Please turn over and ask your parent/guardian to sign the consent form overleaf.**