

**10,000
HOURS**

**YOUTH
CONSENT
FORM**

Name of parent/guardian	
Tel no: Day	Eve
Mobile	
Address	

<i>Additional contact (grandparent etc. or other holding parental responsibility)</i>	
<i>Name</i>	
<i>Tel no: Day</i>	<i>Eve</i>
<i>Mobile</i>	
<i>Address</i>	

Name of child (1)	
Date of Birth	
Medical Details: Details of any medical issues (e.g. allergies, asthma, epilepsy, diabetes etc.) or disability which may affect normal activity	
Medication: Please include any medication your child/children may need to control/relieve the condition:	
Will they be carrying this medication on them at any of the projects?	<input type="checkbox"/> YES <input type="checkbox"/> NO

Name of child (2)	
Date of Birth	
Medical Details: Details of any medical issues (e.g. allergies, asthma, epilepsy, diabetes etc.) or disability which may affect normal activity	
Medication: Please include any medication your child/children may need to control/relieve the condition:	
Will they be carrying this medication on them at any of the projects?	<input type="checkbox"/> YES <input type="checkbox"/> NO

Name of child (3)	
Date of Birth	
Medical Details: Details of any medical issues (e.g. allergies, asthma, epilepsy, diabetes etc.) or disability which may affect normal activity	
Medication: Please include any medication your child/children may need to control/relieve the condition.	
Will they be carrying this medication on them at any of the projects?	<input type="checkbox"/> YES <input type="checkbox"/> NO

CONSENT: *I, the parent/ guardian of the child/children above, hereby give permission for my child/children to take part in the 10,000 hours project.*

- a) *I have listed above any permanent or temporary medical or other condition or medication needs which should be known about my child/children.*
- b) *In an emergency and/or if I am not contactable, I am willing for the Leader(s) in charge of the programme to act on my behalf and at my expense for my child to receive necessary medical treatment including an anesthetic. However, I should be contacted and advised of the situation as soon as possible.*
- c) *I understand that while involved, he/she will be under the control and care of the group leaders and/or other adults approved by the 10,000 hours Leadership and that while the leaders in charge of the group will take all reasonable care of the young people, they cannot necessarily be held responsible for any loss, damage or injury suffered by my child/children as a result of participation in the project.*
- d) *I agree and understand that I am responsible for the actions of my child/children and I release the 10,000 leadership team from all claims and liabilities that arise in connection with the programme, except if due to negligence of programme leaders.*

SIGNED: _____(parent/guardian adult with parental responsibility)

Data Protection – these details will be stored on computer and also in paper form for the purposes of administration of the 10,000 hours project. For full details of your rights, please refer to our privacy policy which is available at www.10000.causewaycoastvineyard.com/PrivacyPolicy.pdf

☐ *Tick here if you wish to grant consent to the participation in interviews, the use of quotes, and the taking of photographs, or videos of your son/daughter by 10,000 hours.*

☐ *Tick here to grant consent to 10,000 hours for the right to edit, use and reuse said photograph(s), and video recording(s) for 10,000 hours promotional purposes including the use of any printed matter, or internet distribution in conjunction therewith.*