

Young Person's Consent and Information Form



Please complete this form using capital letters.

About your child

Young person's name: _____

Address: _____

Postcode: _____

Home telephone number: _____

Date of birth: Day: _____ Month: _____ Year: _____

Doctor's name: _____

Doctor's address: _____

Postcode: _____

About you (parent/carer)

Your name: _____

Relationship to young person (for example mother): _____

Email address: _____

Emergency information

In case of emergency please give us contact names and numbers in order of who we should contact first:

	Name	Relationship to young person	Mobile number	Home number
1				
2				
3				

Does this young person suffer from any medical conditions, disabilities or allergies (for example asthma, ADHD): _____

If yes, please give any further information that may be helpful: _____

Does your child have any special dietary requirements? _____

Activities

During the course of a session, your child will have the opportunity to join in sports activities such as football, basketball, hockey and other team sports.

I give permission for my son/daughter to take part in the activities described above.

Please tick: ☐ Yes ☐ No Comments: _____

Emergency medical treatment

In the event of an emergency and a youth leader is unable to contact me, I give consent for a youth leader to sign for any medical treatment deemed necessary by a qualified medical practitioner.

Please tick: ☐ Yes ☐ No Comments: _____

Photographs

During the course of a session we may take photographs or video clips of the activities the young people are involved in, in order to keep a record of the activities undertaken and for use in future iD nights. These photographs may be used for publicity.

I give permission for my son/daughter to be photographed.

Please tick: ☐ Yes ☐ No Comments: _____

Films

During the course of a session we may show a film as part of the activity. The films shown will be appropriately rated for the age group.

I give permission for my son/daughter to be shown appropriately rated films during activities.

Please tick: ☐ Yes ☐ No Comments: _____

Thank you for taking the time to fill out this form. **Please return it with your child on their next visit.** If you have any further questions or issues with completing this form please contact Fran Jaggard on 07917 695927 or email id@mountpleasantchurch.com.

Form completed by:

Name: _____ Date: _____

Signed: _____ Parent / Carer *

* Delete as appropriate.

Note: Validation of consent signatures may be sought if necessary.