

Joymount Youth Consent Form



Anything written on this form will be held in confidence. The leaders need to know these details in order to meet the specific needs of your child/young person.

Child(ren)'s full name.....D.O.B.....

Address.....

.....Post Code.....

Phone number where I can be contacted in an emergency:

Home.....Mobile.....

If unavailable, contact:

Name.....Phone Number.....

Relationship to child.....

Please indicate details of any known medical conditions, allergies, special needs, requirements or any medication being taken:

.....

Doctor's name and contact details

.....

In the event of illness or accident, having parental responsibility for the above named child, I give permission for first aid to be administered where considered necessary by a trained first aider, if available, or medical treatment to be administered by a suitably qualified medical practitioner. Yes No

If I cannot be contacted and my child should require emergency hospital treatment, I authorize an adult leader to sign on my behalf any written form of consent required by the hospital. However, I understand that every effort will be made to contact me as soon as possible. Yes No

During the time your child will spend with us, photographs may be taken for general church purposes (e.g. the church website) and for this we need your permission. On signing this form we will assume you have given permission for your child's photograph to be taken unless otherwise informed. Yes No

I confirm that the above details are correct to the best of my knowledge.

Signed: (Parent / Guardian) Date:.....

Print Name:.....

Relationship to Child: