



Consent Form (Academic Year 2017/18)

IT IS VITALLY IMPORTANT THAT YOU COMPLETE ALL THE FOLLOWING INFORMATION

Child/Young person's information

First name: _____

Surname: _____

Gender: Female Male

DOB: ___/___/___ (dd/mm/yyyy)

Address Information

Address 1 _____

Address 2 _____

Street Name: _____

Town: _____

Postcode: _____

Contact Information of Parent/Guardian 1

Title _____ Surname _____ First name _____

Home No: _____ Mobile No: _____

Relationship with child/young person: _____

Email: _____

Contact Information of Parent/Guardian 2

Title _____ Surname _____ First name _____

Home No: _____ Mobile No: _____

Relationship with child/young person: _____

Email: _____

The above information will be used In case of an emergency, please include any emergency details that you want recorded.

Medical/behavioural information

The participant has the following medical/ behavioural condition and/or is taking the following medication (please include any other information that you feel we should know about your child which may affect our ability to look after them and meet their needs more efficiently):

Please tell us about any allergies, e.g. medicines, food, bee stings etc. Please list food allergies or foods to be avoided for medical or religious purposes: _____

Please delete as applicable: Vegetarian: Yes / No Vegan Yes/No

Please provide any other non-medical information which you feel might be useful, or the leader should be aware of: e.g. phobias, hyperventilation, anxieties, toileting difficulties, friendship problems, behaviour r problems. _____

Declaration

ENYP will monitor its activities and in some cases will undertake questionnaires/evaluations or informal discussions with young people to collect information that may be relevant for funding bodies supporting the project. If you have any queries regarding this please direct them to email: administrator@enyp.org.uk

I agree to _____ (young person's first name)

- Receiving first-aid treatment for minor injuries and I agree that such treatment will be administered by the leaders/first-aiders.
- Receiving medication and emergency dental, medical or surgical treatment, including anaesthetic or blood transfusion, as considered necessary by the medical authorities present if I am not contactable.
- Having photographs/ videos taken which may be used in publicity or advertising
- Receive further information from ENYP

I give consent for the above person to attend any ENYP activities – please see www.enyp.org.uk for full details of activities)

I **DO / DO NOT** give permission for the above named child/youth to leave without parent/guardian present at the end of the sessions.

Signed (parent/carer) _____

Date _____

Parent / Carer's full name _____

Information for parents/carers:

- *DATA PROTECTION: The information on this form will only be used by ENYP for communication and will not be passed on to other organisations without your permission, except in the event of a safeguarding / child protection concern (please ask to see a copy of our Child Protection policy if you would like more information about this). You can change your details or withdraw your consent at any time by speaking to one of the club leaders.*
- *ENYP is not insured to transport young people, and it is therefore the responsibility of the parent/carer to ensure they arrive and are collected from clubs/activities.*