

**Consent Form (Academic Year 2016/17)**

**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](http://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:**

* Information provided on this form will only be used by the ENYP Team and for any relevant publicity purposes for future clubs/activities. Data will not be passed to third parties.
* 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.