

This form consents to your child participating in sessions delivered by Positive Youth Foundation including the consent to take and use photographs or video footage for promotional material for the organization.

We cannot be held responsible for any accidents through misbehavior or if your child does not follow instructions. Please contact **02476 791 190** for further information or in case of emergencies

PLEASE NOTE: IF THIS FORM IS NOT FULLY COMPLETED, WE CANNOT LET YOUR CHILD PARTICIPATE.

Name: _____ Gender: _____

Address: _____ Post Code: _____

Date of Birth: _____ Ethnic Origin: _____

Parents Mobile: _____

Child / Parents e-mail address: _____ @ _____

If your child suffers from a medical condition, allergy or travel sickness, please detail below and speak to the session leader

Do we have your permission to administer First Aid and Emergency Medical Treatment in the event of an accident or injury? Please tick the box

Yes

No

Positive Youth Foundation would like to take photographs or video footage of your child for promotional purposes. These Images may appear in our printed publication, or on our website.

Yes

No

Parents Signature: _____ Date: _____

Emergency contact in your absence (please give details of another adult)

Name: _____

Address: _____ Post Code: _____

Mobile: _____

The data controller is Positive Youth Foundation. The information collected on this form is to consent to the engagement of the individual and a record of emergency contact details to ensure you child's safety. Information is used for monitoring and evaluation purposes and specific details will not be shared with partners for any other reason than safeguarding of individual.