



## 2025 Young person (under age 18) Consent / Medical Form

Complete in BLOCK CAPITALS

**Before returning this form please answer and complete all questions in full**

Name of course or activity: \_\_\_\_\_ Paid yearly membership date (£2): \_\_\_\_/\_\_\_\_/\_\_\_\_  
Full name: \_\_\_\_\_ Date of birth & age: \_\_\_\_/\_\_\_\_/\_\_\_\_ (\_\_\_\_)  
Gender identity: \_\_\_\_\_ Ethnicity: \_\_\_\_\_ Current education status: \_\_\_\_\_  
Home address: \_\_\_\_\_ Postcode: \_\_\_\_\_  
Parent/Guardian email address: \_\_\_\_\_ (tick box to be added to parent mailing list) ☐

### Emergency contact details

Contact no.1: (name) \_\_\_\_\_ (relationship to young person) \_\_\_\_\_ (phone number) \_\_\_\_\_  
Contact no.2: (name) \_\_\_\_\_ (relationship to young person) \_\_\_\_\_ (phone number) \_\_\_\_\_

### Session/Photography consent

**Please delete as appropriate:**

**I do / I do not** allow my child to take part in the above activities/course

**I will / I will not** allow my child to make their own way home after the activity has finished

**I do / I do not** allow images of my child to be used in publications (Ask staff for more information on how images will be used)

**SIGNED:** \_\_\_\_\_ **Parent/Guardian**

### Health Form

Does your Young Person have any additional needs, health issues or disabilities we should be made aware of?

**Yes / No** If yes give details: \_\_\_\_\_

Is your Young Person receiving any medical treatment at present?

**Yes / No** If yes give details: \_\_\_\_\_

Does your Young Person have any allergies or dietary requirements that we should be aware of?

**Yes / No** If yes give details: \_\_\_\_\_

### PERMISSION TO CONSENT TO MEDICAL TREATMENT

In the event of medical attention being required, I authorise the Activity/Project Leader to administer any relevant medical assistance or to call a doctor or ambulance to provide further assistance.

**SIGNED:** \_\_\_\_\_ **Parent/Guardian Date:** \_\_\_\_/\_\_\_\_/\_\_\_\_

Young people cannot stay in the building or in the carpark before or after sessions,  
we ask all parents & guardians to collect young people at the time the session finishes,  
thank you.

I can confirm that the details on the reverse of this form are up to date and true to the best of my knowledge. (signed by parent or guardian)

[illegible]