



2021 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: \_\_\_\_\_  
Full name: \_\_\_\_\_ Gender: \_\_\_\_\_ DOB: \_\_\_\_\_  
Age: \_\_\_\_\_ Home address: \_\_\_\_\_  
Postcode: \_\_\_\_\_ Ethnicity: \_\_\_\_\_ Membership date: \_\_\_\_\_

In an emergency please contact: \_\_\_\_\_ Relationship to young person: \_\_\_\_\_  
Contact number 1: \_\_\_\_\_ Contact number 2: \_\_\_\_\_  
Email: \_\_\_\_\_

☐ Add me to a mailing list to receive information on events and new activities and courses at WACA

**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 related to this event (Ask staff for more information on how images will be used)

**SIGNED:** \_\_\_\_\_ **Parent/Carer**

**COVID-19 Information**

I can confirm that my household/support bubble and I are well and not presenting with any coronavirus symptoms. I also confirm that we are not undertaking a period of self-isolation and my child/children are well and able to attend this activity.

I understand that this form and any attendance will be kept as part of WACA's usual monitoring process and that our details could be passed on to NHS contact tracers if necessary.

**PRINT** \_\_\_\_\_ **SIGNED:** \_\_\_\_\_ **Parent/Carer** **DATE** \_\_\_\_\_

Does your Child/Ward suffer from any health issues, allergies or disabilities we should be made aware of? **Yes / No**

If yes give details: \_\_\_\_\_

Is your Child/Ward receiving any medical treatment at present? **Yes / No** If yes give details: \_\_\_\_\_

Name of Doctor: \_\_\_\_\_ Doctor's Telephone No: \_\_\_\_\_

Address of Own Doctor: \_\_\_\_\_

**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/Carer** **DATE:** \_\_\_\_\_

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