



2022 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 your 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.