

## YOUTH & CHILDREN'S CONSENT FORM

Please complete the following information for use at East Belfast Mission in case of an emergency.

<p><b>Young person's details</b></p> <p>Name: _____</p> <p>Address: _____</p> <p>_____</p> <p>Postcode: _____</p> <p>D.O.B: _____ School Yr: _____</p>	<p><b>Parent/Guardian's details</b></p> <p>Mother's name: _____</p> <p>Father's name: _____</p> <p>Home phone: _____</p> <p>Mother mobile: _____</p> <p>Father mobile: _____</p>
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In case of emergency please contact: \_\_\_\_\_

**MEDICAL CONSENT - Please circle YES or NO to the statements below:**

Does your child have any medical conditions or dietary requirements? YES / NO

*If so please detail:* \_\_\_\_\_

\_\_\_\_\_

Does your child require help taking medication or have any allergy to medication? YES / NO

*If so please detail:* \_\_\_\_\_

\_\_\_\_\_

I agree to my son/daughter receiving medication as instructed and any emergency dental, medical or surgical treatment, including anaesthetic or blood transfusion, as considered necessary by the medical authorities present. I will inform the group leader as soon as possible of any changes in the medical or other circumstances. YES/NO

**DOCTOR'S DETAILS**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone number: \_\_\_\_\_

**PROMOTION CONSENT**

I give permission for my child to have his/her photograph taken and/or be filmed during activities at East Belfast Mission and understand that some of these images may be used for promotional purposes.

YES / NO

I agree for the above named young person to take part in the activities selected above. I understand the need for them to behave in a responsible manner whilst under the supervision of youth leaders.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_