

Academic Year 2011/2012
Youth Consent Form (year 7-13)



Tick all activities attended by young person

Furnace Home		Furnace Away		Reveal	
FNP (Friday Night Project)		Youth Cells		Generation Rising	

CONTACT DETAILS & INFORMATION

Name of young person		Date of Birth	
School		School Year	
Address		Home phone	
		Mobile phone (parent/guardian)	
		Other emergency contact number	
preferred E-mail contact			

MEDICAL INFORMATION

Please provide details of any:

- Medical condition or disability
- Allergies
- Dietary needs
- Special needs

CONSENT

Do you consent to photos being taken of your child for local display or publicity?	Yes	No
Do you consent to un-named photos being used on the church website?	Yes	No

In an emergency, if I cannot be contacted, I give permission for my child to receive first aid or necessary hospital treatment, including anaesthetic.

I give permission for my child to take part in organised trips to activities off site and to travel with a driver deemed responsible according to child protection guidelines.

I give permission for recognised youth leaders to use electronic means of communication with my child (eg mobile phones, e-mail, facebook etc)

Parent/Guardian to sign and print name:

Date	
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