Group Leader: Parish Youth Group Venue: Parental Consent Form Date: **Start Time:** Personal and contact information **End Time:** (to be completed by Parent/Guardian) **Medical Information** Name of GP _____ Participant Name Telephone Number _____ **Address** Date of Birth ____ Home Address (incl. Postcode) Participant's NHS Number _____ Parent/Guardian Name. Does the participant suffer from asthma, allergies, diabetes, Address (if different from above) epilepsy or and other medical problem that may affect normal activity? Please give details of condition & treatment. Email Address Will the participant have any medication with them? Please **Contact Telephone Number** give details. Daytime _____ (N.B. for children under 10 any medication is to be given to Evening _____ person in charge) **Additional Emergency Contact** Name Relationship to Participant Does the participant have and special dietary needs? **Contact Telephone Number** Daytime _____ *Please notify the group leader or person in charge if the Evening _____ participant has been in contact with any infectious disease in the last 3 weeks I give permission for to participate in the above named event/activity. (Please Tick) I consent for my child's photo to be used for promotion on social media. consent for my child's photo to be used for promotion and advertising for KYT events give consent for video to be taken to be used in promotion and advertising give permission for my contact details to be used by KYT to keep me updated with events and news would prefer for you not to contact me about future events that may be of interest. In the event that i can not be contacted by ordinary means, I give permission & consent for to receive any necessary medical treatment and authorise the group leader/person in charge to sign any documents required by the hospital authorities. Signature of Parent/Guardian_____

