



CAFÉ GENERAL CONSENT FORM

Can a parent or carer please complete this form in BLOCK CAPITALS to give permission for the young person to attend the Youth Café? This form is strictly private and confidential and will only be used by Youth Café staff.

YOUNG PERSON:

FULL NAME OF YOUNG PERSON.....

NAME USUALLY KNOW BY / NICKNAME.....

ADDRESS.....

.....POSTCODE.....

DATE OF BIRTH.....

PARENT(S)/CARER(S) 1:

NAME/S.....

RELATIONSHIP.....

ADDRESS (if different to young person).....

.....POSTCODE.....

CONTACT NUMBERS.....

PARENT(S)/CARER(S) 2: (if at a different address from Parent(s)/Carer(s) 1.

NAME/S.....

RELATIONSHIP.....

ADDRESS (if different to young person).....

.....POSTCODE.....

CONTACT NUMBERS.....

EMERGENCY CONTACT DETAILS: (please give a contact other than yourself)

NAME.....

RELATIONSHIP.....

ADDRESS.....

.....POSTCODE.....

CONTACT NUMBERS.....

MEDICAL INFORMATION:

NAME OF DOCTOR.....

SURGERY ADDRESS.....

SURGERY NUMBER.....

IF THE YOUNG PERSON HAS ANY CONDITIONS REQUIRING SPECIAL MEDICAL TREATMENT OR MEDICATION PLEASE GIVE DETAILS BELOW

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IF THE YOUNG PERSON SUFFERS FROM ANY ALLERGIES e.g. MEDICATION, FOOD, PLEASE GIVE DETAILS BELOW

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IF THERE ARE ANY ACTIVITIES IN WHICH THE YOUNG PERSON CANNOT PARTICIPATE PLEASE GIVE DETAILS BELOW

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GENERAL INFORMATION:

CAN THE YOUNG PERSON SWIM 50 METRES IN AN INDOOR POOL? YES / NO

HAVE THEY HAD A TETNUS JAB IN THE LAST FIVE YEARS? YES / NO

DOES YOUR YOUNG PERSON SUFFER FROM TRAVEL SICKNESS? YES / NO

PHOTO CONSENT & DECLARATION:

I GIVE / DO NOT GIVE PERMISSION FOR THE YOUNG PERSON TO BE PHOTOGRAPHED OR VIDEOED OCCASIONALLY WHILST TAKING PART IN YOUTH CAFÉ ACTIVITIES. PHOTOGRAPHS MAY BE USED FOR PUBLICITY PURPOSES, INCLUDING OUR WEBSITE.

I AGREE TO THE YOUNG PERSON TAKING PART IN SERVICES PROVIDED BY THE YOUTH CAFÉ. ON THE UNDERSTANDING THAT A SPECIAL CONSENT WILL BE NEEDED FOR ANY ACTIVITIES DEEMED AS HAZARDOUS.

I GIVE PERMISSION FOR YOUTH WORKERS TO SEEK PROFESSIONAL MEDICAL HELP FOR THE YOUNG PERSON IN THE EVENT OF AN EMERGENCY. I WILL UNDERTAKE TO INFORM THE YOUTH CAFÉ OF ANY CHANGE IN THE YOUNG PERSONS CIRCUMSTANCES AS SOON AS POSSIBLE.

PARENT / CARER SIGNATURE.....

DATE.....