



**SAWSTON
YOUTH GROUP LTD
Consent Form – Normal Activities**

Full name of child in Capitals

Group: **Sawston Youth Group**
Venue: **Sawston Village College and other venues as appropriate**
Dates: **1st September 2016 to 31st August 2017**
Chairman: **Paul Whitmell**

1. Full Name of Member: _____

2. Date of Birth: _____

3. Doctors Name: _____

4. Doctors Address: _____

5. Doctors Telephone: _____

6. Boy/Girls NHS Number: _____

7. He/She **has/has not** been immunised against Tetanus within the last 5 years.
(Delete as appropriate)

8. Details of any known medical conditions, allergies and sensitivities:

9. Details of any dietary requirements/intolerances:

10. Details of any medication/treatment currently being taken (please include details of care plans or assessments if applicable):

11. DECLARATION

"I give my permission for him/her to attend and take part in the activities of Sawston Youth Group. I understand that in the event of any illness or accident, every effort will be made to contact me. If this is not possible, I authorise any leader of Sawston Youth Group to sign on my behalf any written form of consent required by medical authorities. I give permission for photographs and video recordings of my child, whilst taking part in the groups' activities, to be used by the group for promotion and publicity in line with current good practice. I also give permission for SYG leaders and members' parents/guardians to transport my child to Sawston Youth Group activities and events if necessary. I will advise SYG of any change to our contact details"

12. Signed by Parent/Guardian _____

13. Printed Name of Parent/Guardian: _____

14. Address: _____

15. Email Address: _____

16. Mobile Phone Number: _____

17. Home Phone Number: _____

18. Emergency Phone Number: _____

19. Date: _____

Your email address will automatically be added to the SYG mailing list to keep you up-to-date with letters, notices and events. Please tick if you do **NOT** want your name to be included