



FUSE!
Consent Form 2020

Young Person details

Name of young person..... Date of Birth..... Male/Female
Address.....
.....

Emergency contact 1

Name Relationship
Home number..... Mobile Number

Emergency contact 2

Name Relationship
Home number..... Mobile Number

Does your child have any medical conditions/dietary requirements/other needs of which we need to be aware?

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.....
.....

Doctor Name..... Surgery Address.....

- At FUSE the leaders like to take photo's and videos of the young people as memories for them. These may be used to promote joint church youth activities, including online, but we will never post names of young people alongside photographs/videos online. Please tick if you would NOT like us to take photos/videos of your child.
- I give permission for my child to receive emergency hospital treatment including anaesthetic should they require it.(please tick)
- I give permission for my child to be given paracetamol/ibuprofen by a leader in accordance with the pack instructions should they need it.(please tick)

I..... give permission for my child..... to attend FUSE 2020.

- I made a bank transfer on (date) for (amount).....
- I include a cheque for (amount)

Signed..... Date.....