



Consent Form 2020

Young Person details

Name of young person.....Date of Birth.....

Address
.....
.....

Emergency contact 1

NameRelationship

Home number..... Mobile Number

- Please tick if you would like us to use the info above to keep you informed about future HBC Youth activities and events.

Emergency contact 2

NameRelationship

Home number..... Mobile Number

Does your child have any medical issues/conditions or dietary requirements of which we need to be aware? *(feel free to attach extra sheet)*

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- At DTI the leaders may take photo's and videos of the young people. These may be used to promote our youth activities, including on our website and social media pages but we 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 Dreaming the Impossible 2020 with HBC Chester.

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

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