**Dreaming The Impossible Consent Form 2021**

**Event Details**

**Date: 2nd August – 5th August 2021**

**Location: Trent Vineyard - Nottingham**

**Young Person details**

Name of Young Person:

Date of Birth:

Address:

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

………………………………………………………………………………………………………………

……………………………………………………………………………………………………………..

………………………………………………………………………………………………………………

………………………………………………………………………………………………………………

**Emergency contact 1**

Name ……………………………………………Relationship ………………………………………..

Home number…………………………....... Mobile Number …………………………………

**Emergency contact 2**

Name ……………………………………………. Relationship ………………………………………..

Home number…………………………....... Mobile Number …………………………………..

* I give permission for HBC youth leaders at DTI to take photos and videos of the young people whilst involved in activities over the course of the week. These may be used to promote our (HBC) youth activities. (Please tick)
* 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 ………………………. confirm that the above details are complete and correct to the best of my knowledge and consent to my child attending Dreaming the Impossible (including transportation to and from the event which will be organised by HBC). In the unlikely event of illness or accident I give my permission for any necessary medical treatments to be given by the first aid team. In an emergency and if I cannot be contacted, I am willing for my child to receive hospital treatment, including anaesthetic if necessary. I understand that every effort will be made to contact me as soon as possible.

Parent/Guardian Signature:

Date: