

Dreaming The Impossible Consent Form 2024

Date: 27th July – 1st August 2024

Location: Stafford Showground, ST18 0BD

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?

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Emergency contact 1

Name

Relationship

Home number.....

Mobile Number

Emergency contact 2

Name

Relationship

Home number.....

Mobile Number

Help with cost:

- I need help with the cost to enable my child to attend, I can afford to pay £..... and would like to apply for help to cover the rest of the ticket cost.

Permissions:

- I give permission for our 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 local church youth activities. (Please tick)
- I give permission for my child to receive emergency hospital treatment including anesthetic 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. 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 anesthetic if necessary. I understand that every effort will be made to contact me as soon as possible.

Parent/Guardian Signature:

Date:



YOUTH@HBC.ORG.UK
HOOLE BAPTIST CHURCH//HOOLE
LIGHTHOUSE CENTRE WESTMINSTER
ROAD//CHESTER//CH3 3AU
REGISTERED CHARITY NO: 1131495



