

# Dreaming The Impossible Consent Form 2025

Date: 2<sup>nd</sup>-7<sup>th</sup> Aug 2025

Location: Stafford Showground, ST18 0BD

Name of Young Person:

Date of Birth:

School:

Gender:

Address:

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

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.....  
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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'd find it helpful to use some of the fundraised money towards the ticket cost. I can comfortably afford to contribute £..... (we will send you Bacs details) and would appreciate the rest being paid out of the money the young people have raised themselves.

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

