



2026 Young person (under age 18) Consent / Medical Form

Complete in BLOCK CAPITALS

Before returning this form please answer and complete all questions in full

Name of course or activity: _____ Paid yearly membership date (£2): ____ / ____ / ____
Full name: _____ Date of birth & age: ____ / ____ / ____ (____)
Gender identity: _____ Ethnicity: _____ Current education status: _____
Home address: _____ Postcode: _____
Parent/Guardian email address: _____ (tick box to be added to parent mailing list)

Emergency contact details

Contact no. 1: (name) _____ (relationship to young person) _____ (phone number) _____
Contact no. 2: (name) _____ (relationship to young person) _____ (phone number) _____

Session/Photography consent

Please delete as appropriate:

I do / I do not allow my child to take part in the above activities/course

I will / I will not allow my child to make their own way home after the activity has finished

I do / I do not allow images of my child to be used in publications (Ask staff for more information on how images will be used)

SIGNED: _____ **Parent/Guardian**

Health Form

Does your Young Person have any additional needs, health issues or disabilities we should be made aware of?

Yes / No If yes give details: _____ Is your Young Person receiving any medical treatment at present?

Yes / No If yes give details: _____ Does your Young Person have any allergies or dietary requirements that we should be aware of? **Yes / No** If yes give details: _____

PERMISSION TO CONSENT TO MEDICAL TREATMENT

In the event of medical attention being required, I authorise the Activity/Project Leader to administer any relevant medical assistance or to call a doctor or ambulance to provide further assistance.

SIGNED: _____ **Parent/Guardian Date:** ____ / ____ / ____

Young people cannot stay in the building or in the carpark before or after sessions, we ask all parents & guardians to collect young people at the time the session finishes, thank you.

I can confirm that the details on the reverse of this form are up to date and true to the best of my knowledge. (signed by parent or guardian) _____

Signature	Print Full Name	Date