

## Parental/Guardian Consent Form

For Membership of  
**WeCuSlu Youth Club**

### 1. Contact Details

Name of young person: \_\_\_\_\_

Date of birth: \_\_\_\_\_ Age: \_\_\_\_\_

Home and mobile phone: (H) \_\_\_\_\_ (M) \_\_\_\_\_

Parent/guardian name: \_\_\_\_\_

Relationship to young person: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Home and mobile phone: (H) \_\_\_\_\_ (M) \_\_\_\_\_

### Please supply details of a second contact person

Name: \_\_\_\_\_ (relationship to young person): \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Home and mobile phone: (H) \_\_\_\_\_ (M) \_\_\_\_\_

### 2. Consent to participate in the Youth club

The youth club provides a range of non formal education programmes and activities for young people for example weekly project based programmes, outdoor education, drop in, youth forums, interest groups.

I give my permission for (name of young person): \_\_\_\_\_

To participate in a range of these programmes where appropriate, provided by the youth club. I understand that I will receive written notification of the days and times of programmes. In particular where activities/programmes will take place outside the youth club, I will receive written notification in advance.

Parent/guardian signature: \_\_\_\_\_ Date: \_\_\_\_\_

### 3. Consent for photographs/video use

In the course of the programmes run by the youth club, youth workers and young people may take photographs or video footage. I understand these will only be used for appropriate display publication as approved by the Board of Directors and Education committee as supervisors for WeCuSlu youth club.

**I consent** to the use of images as described above: \_\_\_\_\_

**I do not consent** to the use of images as described above: \_\_\_\_\_  
(Please Tick as appropriate)

Parent/guardian signature: \_\_\_\_\_ Date: \_\_\_\_\_

### 4. Internet access

The youth club may provide young people with access to computer technology and the internet. I understand that every reasonable precaution will be taken by the youth club to provide for online safety.

**I consent** to (name of young person) \_\_\_\_\_  
Accessing computer technology and the internet

**I do not consent** to (name of young person) \_\_\_\_\_  
Accessing computer technology and the internet

Parent/guardian signature: \_\_\_\_\_

### 5. Medical/other needs

Please indicate if the above young person:

A) Has any medical condition: \_\_\_\_\_

B) Is taking specific medication: \_\_\_\_\_

C) Has any special dietary needs: \_\_\_\_\_

D) Has other particular needs: \_\_\_\_\_

Name of family doctor: \_\_\_\_\_

Doctor's address: \_\_\_\_\_

Doctor's telephone number: \_\_\_\_\_

In the case of an emergency staff will do everything reasonable to contact the parent/guardian named above. In circumstances where medical treatment is required immediately and where it is not possible to contact those named in this form, I authorise any of the staff members of the youth club to refer \_\_\_\_\_  
To a medical practitioner or emergency services on my/our behalf.

Parent/guardian signature: \_\_\_\_\_ Date: \_\_\_\_\_

## 6. Received by the Youth Club

Youth worker: \_\_\_\_\_ Date: \_\_\_\_\_

**For Official Use only**