

# Youth Group Membership Form

## Parent/Carer Consent Form

This form should be completed by the child's parent or other adult with delegated parental responsibility. Parental Consent Forms will be renewed annually so that the data held is up to date. Please complete the form below to enable your child to attend the group.

### Group Details

**Name of group**

**Day group meets**

**Time group meets**

**Locations of group**

### Section 1: Young Person's Information

This data will enable us to contact you should we need to and provide the best possible care for your child during normal Group meetings.

**Full name**

**Date of birth**

**Home address and postcode**

### Emergency Contact Details

**Name of parent(s)/ other adult(s) with delegated parental authority for the child:**

**Relationship to young person**

**Contact number(s)**

**Email address**

**Alternative emergency number**

**Alternative contact number**

**If the child does not live with the parent(s) or other adult(s) with delegated parental responsibility, who do they live with?**

## Medical Information

**Name of family doctor**

**Practice address**

**Practice phone number**

**Does your child have any health issues, medical conditions, allergies, or dietary requirements?**

Yes / No

If yes, please provide details:

**Is your child currently taking any medication?**

Yes / No

If yes, please provide details:

**Does your child have any additional needs that we should be aware of?**

Yes / No

If yes, please provide details:

**Date of last anti-tetanus injection (if known)**

**I give permission for sticking plasters to be used on my child when necessary:**

Yes / No

## Section 2

This data will help us in planning our programmes and activities.

**School your child attends**

**Your child's interests and hobbies**

**How you found out about the youth group**

**Anything else you would like us to know about your child**

## Section 3: Consent

To be read and signed **only** by a parent or other adult with delegated parental responsibility, **and** your child if aged 13 or over, at the time of completing this form.

### Safeguarding and Supervision

All youth group leaders and volunteers have undergone appropriate safeguarding checks in accordance with UK legislation and the youth group's safeguarding policy.

- I give permission for my child to take part in the normal weekly activities of this Group. I understand that the leaders will take all reasonable care in looking after my child, but they cannot necessarily be held responsible for any loss or damage to property.
- I give permission for my child to leave at the end of the Group meetings unaccompanied.

### Consent for Medical Treatment

- I give permission for first aid to be administered to my child if necessary.
- In an emergency, if I cannot be contacted despite all reasonable attempts to do so by the leaders, I give permission for my child to undergo emergency medical/dental treatment including the use of anaesthetics as considered necessary by the medical authorities.

### Parental Consent and Signature

- I give explicit permission for [insert group name] to process the personal and medical data (special category data) given on this form and use in relation to my child attending the Group, taking part in activities with the Group and for use in safeguarding records.
- I confirm that the information provided is accurate and complete. I give permission for my child to attend the Group and participate in all planned activities.

**Signature**

Parent or other adult with delegated parental responsibility

**Please print your name**

**Date**

**Signature**

Child, if aged 13 or over\*

**Date**

## Photo/Video Consent

I provide consent for [REDACTED] [insert group name] to include my child in photographs and/or videos taken at Group activities. These may be shared with the Group or used in future publicity or other material produced by [REDACTED] [insert group name].

Yes

No

Any photographs/videos taken will be subject to our Safeguarding Policy on appropriate photography.

**Please note any limitations regarding photos/videos and/or electronic communication that you would like us to comply with, and then sign below:**

**Signature**

Parent or other adult with delegated parental responsibility

**Please print your name**

**Date**

**Signature**

Child, if aged 13 or over\*

**Date**