

CONSENT FORM

Please note that the information on this form is for the sole use of the youth leaders is not available to any other individuals or groups. This means that we will not disclose any of the following information to another individual without your permission.

Student Details

Name: _____ Date of Birth: ____/____/____

Grade: _____

Sex: Male / Female (Circle Appropriate)

Email address to receive emails about youth: _____

Second email address (optional): _____

Emergency Contact Details

In the event of an emergency relating to your son/daughter please provide information below which we can use to contact you.

Contact 1: _____ Contact 2: _____

Email: _____ Email: _____

Phone Number: () Phone Number: ()

Medical Information

Are there any medical conditions (i.e. allergies, other dietary needs, epilepsy, asthma, diabetes, travel sickness, etc.) which we should be aware of?

Media Consent

Any photos taken of my child can be used for promotional use on social media and the website.

Yes No

Additional Information

Is there anything else that would be beneficial for us to know in order to give your child the best experience at youth? (e.g. social needs, learning needs, sensory needs, etc.)

I, the parent or guardian, give the student permission to attend and participate in this activity. I understand that care will be taken to ensure the health, safety, and welfare of my child. I realize and accept that in the event of my child's behavior adversely affecting the safety of the activity, the organizers reserve the right to send my child home.

Name _____ Signature _____ Date ___ / ___ / ___