

The Loft Youth Project – Parental Consent Form

Name of Young Person Date Of Birth

Home Address

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Contact Details

Home Mobile Other

In the event of an emergency, it is important that the person in charge of the group has the necessary information about any medical condition which could affect the treatment of your child. All information requested below will be treated in strict confidence and will not necessarily prejudice the inclusion of your child in any given activity. It is in the interests of your child that full an accurate information be given.

a) Any know medical conditions / allergies?

Please state any restrictions you wish to place on emergency medical treatment

Name of Family Doctor Contact Number

Covid-19 (Coronavirus) - Due to the ongoing and fluid situation with regards to Covid-19, please see a copy of the Loft Youth Project's Covid-19 guidance and information.

During an activity or trip, filming, photography and recording may take place which may appear in the media:

I agree to my child taking part in filming, photography and recording **YES/NO**

For water-based activities only:

I certify that my child can swim 50 meters **YES/NO**

PLEASE TURN OVER

Declaration

In line with the General Data Protection Regulation (GDPR), please confirm that you are happy to be contacted phone, text, email and facebook messenger (only if you have contacted us via this method before) and to also hold your details that you have provided. The information we may hold is your name, address, contact numbers and email address. All information is kept securely and never shared with any third parties. If at any time at your request, we will delete all information stored about you.

I am happy to be contacted by the Loft Youth Project **YES/NO**

I have read the information issued concerning any trip/outing and I understand the nature of the activity/activities to be undertaken and consider my child fit to take part.

He/She does not suffer from any medical conditions/allergies not stated above.

I hereby consent to the submission of the above named to emergency medical or surgical treatment including the administration, where necessary, of a local, general or other anaesthetic.

I understand that if I wish personal accident insurance for my child, I will arrange the same.

I give my child permission to play Age 12 rated games on the console: **YES/NO**

Signature of Parent/Guardian

Print Name

Date