

## YOUTH CONSENT FORM

**Description of activity:** All Trinity organised events both onsite and offsite the premises (excluding residentials that include overnight stays for which there will be a separate consent form issued).

**Date of activity:** This form will be ongoing and we will contact you every year for updates of your contact details.

### Young Persons details

Name \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_ Postcode \_\_\_\_\_

Mobile no. \_\_\_\_\_

Landline no. \_\_\_\_\_

Email \_\_\_\_\_

D.O.B \_\_\_\_\_

School/ college \_\_\_\_\_

School year \_\_\_\_\_

### Parent/Guardians details

Name \_\_\_\_\_

Address (if different from Young person) \_\_\_\_\_

\_\_\_\_\_ Postcode \_\_\_\_\_

Mobile no. \_\_\_\_\_

2nd Mobile no. \_\_\_\_\_

Landline no. \_\_\_\_\_

Email \_\_\_\_\_

### Emergency Contact different from parents

Name \_\_\_\_\_

Number \_\_\_\_\_

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

### MEDICAL INFORMATION

Known Medical conditions (including details of any medication that is being taken)

\_\_\_\_\_  
\_\_\_\_\_

Food allergies or dietary requirements \_\_\_\_\_

Any other information that you would like us to know \_\_\_\_\_

## DECLARATIONS

I agree for above named person to attend all Trinity organised events, both inside and outside the premises. I understand that separate permission will be sought for residential/ overnight activities. I agree to let the youth leaders know if there are any changes to the young person's health over the year and I will update the leaders about any changes of contact information.

I give permission for my son/daughter to receive any first aid procedures, emergency medical, dental or surgical treatment that may be needed in the event of an accident or an emergency. Trinity will make every effort to contact you should the need arise for emergency treatment.

Signed (parent/guardian) \_\_\_\_\_ Date \_\_\_\_\_

Print name \_\_\_\_\_

## IMAGES DECLARATION

(in accordance with the data protection act 1988, we need your permission before we take any photographs or recordings of your child/children). Please read the conditions of use, declaration and sign and date the form where shown.

Conditions of use

- We will not include details or full names (which means first name and surname) of any young person in an image on our website or in printed publications, without good reason and only with your expressed consent.
- We will not include personal email, postal addresses, telephone or fax numbers on our website or in printed publications without your expressed consent.

I understand that photos may be taken of my child during Trinity events. I give permission for my child's image to be used in Trinity's media presentation, website, publicity and printed materials for promotional/ display purposes. I have read, understood and am in agreement with the conditions of use

Signed (parent/guardian) \_\_\_\_\_ Date \_\_\_\_\_

Print name \_\_\_\_\_