



PARENTAL CONSENT FORM

Young Persons Part

Name:

Address:

Postcode:

Email:

Mobile number:

Date of birth:

I would love come along BCC Youth. I agree to abide by the instructions of the Youth team.

Signed :

Date:

Parent/Guardian Part

Parent/guardian name(s):

Address (if different from above):

Postcode:

Email(s):

Home telephone number(s):

Mobile number(s):

Other emergency contact (24 hrs):

Medical requirements:

Dietary needs:

Allergies:

Doctor's name:

Doctor's phone number:

I agree to attending BCCC Youth activities and entrust them to the leaders' responsible care. I understand for outdoor/social activities that they will be travelling by car/minibus

I give my permission for the leaders or venue staff to treat my child for minor medical needs, including administration of pain medication (such as Paracetamol and Ibuprofen) as needed.

I have described any relevant medical, dietary and allergy details above. In case of an emergency, I can be contacted at the number(s) above.

Signed : (parent/guardian)

Date:

PLEASE RETURN THIS SLIP TO ALI CROMPTON, BCC YOUTH, 49a SATURDAY MARKET, HU17 8EA
OR E-MAIL TO: INFO@BCCYOUTH.INFO

WE OPERATE AN OPT OUT POLICY ON PHOTO/VIDEO – PLEASE INDICATE IF YOU DO NOT WISH YOUR CHILD TO APPEAR ON MULTIMEDIA (WHICH WILL BE USED ONLY FOR PUBLICITY AND NOT SHARED)