



**SAWSTON
YOUTH GROUP LTD
Consent Form – Normal Activities**

Full name of child in capitals

Group: **Sawston Youth Group.**
Venue: **Sawston Village College and other venues as appropriate.**
Dates: **1st September 2011 to 31st August 2012**
Officer in charge: **Paul Whitmell**

Details to be completed by Parent or Guardian

1. Full Name of Boy/Girl: _____
2. Date of Birth: _____
3. Doctors Name: _____
4. Doctors Address: _____
5. Doctors Telephone: _____
6. Boy/Girls NHS Number: _____
7. Details of any known medical conditions, allergies and sensitivities:

(Continue on the back of this form if necessary)
8. Details of any medication/treatment currently being taken by the boy/girl:

(Continue on the back of this form if necessary)
9. He/She **has/has not** been immunised against Tetanus within the last 5 years.
(Delete as appropriate)

10. DECLARATION

"I give my permission for him/her to attend and take part in the activities of Sawston Youth Group. I understand that in the event of any illness or accident, every effort will be made to contact me. If this is not possible, I authorise any leader of Sawston Youth Group to sign on my behalf any written form of consent required by medical authorities.

I give permission for photographs and video recordings of my child, whilst taking part in the groups' activities, to be used by the group for promotion and publicity in line with current good practice. I also give permission for SYG leaders and members' parents/guardians to transport my child to Sawston Youth Group activities and events if necessary.

11. Signed by Parent/Guardian: _____
12. Name of Parent/Guardian: _____
13. Address: _____
14. Email Address: _____
15. Home Phone Number: _____
16. Mobile Phone Number: _____
17. Date: _____