

# Consent Form

## For Parents, Guardians and Carers

<b>Child's Details</b>	
Name:	Gender identity:
Date of birth:	Disability:
Address:	
Post Code:	
Mobile number:	
Email:	
School:	
GP Name:	Surgery:
Ethnicity:	Preferred Language:

Is your child receiving support from anyone else?

Teacher <input type="checkbox"/>	CAMHS <input type="checkbox"/>	GP <input type="checkbox"/>	School Nurse <input type="checkbox"/>
Youth Justice <input type="checkbox"/>	Social Worker <input type="checkbox"/>	SAS <input type="checkbox"/>	Youth Commission <input type="checkbox"/>
Other:			

Do you give your consent for us to contact our partner agencies and share information that we think will be helpful for your child? **Yes** / **No** / **Maybe**

<b>Medical Details</b>
Does your child have any allergies/medical conditions? <b>YES</b> / <b>NO</b>
Does your child need to have prescribed medicine administered during the course of the session / club? <b>YES</b> / <b>NO</b>
*If YES, then a medical administration instruction form must be completed.
Does your child have any special dietary needs? <b>YES</b> / <b>NO</b>

First Emergency Contact	
Name	
Relationship to child	
Contact number during session / club	
Second Emergency Contact	
Name	
Relationship to child	
Contact number during session / club	

## Youth Commission Consent

For use by parents, guardians and carers.

### Consent to receive service and agreement to record information

The Youth Commission has provided us with information about the service and explained:

- ~ what information they will collect, why and what they will use the information for;
- ~ that the records may be kept in paper files or on electronic systems and may include photographs, videos and other personal information;
- ~ my child's rights to access information recorded about them and
- ~ that my information will be held in confidence, and the limits to confidentiality
- ~ The Youth Commission has encouraged us to raise questions and concerns at any stage whilst we work together.

### Off-Site Activities / Visits Consent

I give consent for my child to be transported in a Youth Commission Project, Staff or Volunteer vehicle (when required) and taking part in lower risk activities – examples of which include:

- ~ Visits to places of interest (e.g. Heritage sites)
- ~ Visits to other youth projects, including inter youth project events (e.g. football, pool, netball)
- ~ Venues to play sport, games, activities (e.g. Bowling, Football)
- ~ Attending training and meetings at other venues
- ~ Spontaneous shopping trips and eating out (e.g. Supermarket, restaurants, cafes etc.)
- ~ Consent for any higher-risk activity or residential on or off-island trip will require a separate consent form to be completed for each and every separate occasion

**Please note that photography/filming consent is *optional*, and is only relevant if your child is participating in group work.**

### Photography / Filming Consent

I give consent for photographs and video material of my child, named on this registration form, to be used in Youth Commission printed publications, promotional films, web and social media sites including any Guernsey Press, Channel Television or Radio interviews and features

### Whatsapp

While we recognize that Whatsapp recommended age is 16years, we know lots of young people use this as their main method of chat. I give consent for Youth Commission staff to contact my child through Whatsapp. The Youth Commission will only use Whatsapp groups with parents / carers or where specifically requested.

**I agree to The Youth Commission processing information about my child in order to provide the services and agree to the above consent, as selected.**

**I understand I may review this consent at any time.**

Name of person receiving service: \_\_\_\_\_

Signature of person receiving service: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of parent / guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Name of parent / guardian: \_\_\_\_\_