

Consent Form

For children 13 and over – for services in our buildings ONLY



Name:	Gender Identity:
Date of birth:	Disability:
Address:	
Mobile number:	Postcode:
Email:	School:
GP Name:	Surgery:
Ethnicity:	Preferred Language:

Are you receiving support from anyone else?

Teacher <input type="checkbox"/>	CAMHS <input type="checkbox"/>	GP <input type="checkbox"/>	School Nurse <input type="checkbox"/>
Youth Commission <input type="checkbox"/>	SAS <input type="checkbox"/>	Social Worker <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 you? **Yes / No / Maybe**

Medical Details

Do you have any allergies/medical conditions? **YES / NO**

Details:.....

Do you need to have prescribed medicine administered during the course of the session / club? **YES / NO**

*If YES, then a medical administration instruction form must be completed.

Do you have any special dietary needs? **YES / NO**

Details:.....

First Emergency Contact		Second Emergency Contact	
Name		Name	
Relationship		Relationship	
Contact Number		Contact Number	

Youth Commission Consent – child must be over the age of 13 with sufficient understanding

Consent to receive service and agreement to record information

The Youth Commission has provided me 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 rights to access information recorded about me and
- ~ that my information will be held in confidence, and the limits to confidentiality
- ~ The Youth Commission has encouraged me to raise questions and concerns at any stage whilst we work together.

I agree to The Youth Commission processing information about me 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 young person: _____

Signature: _____ Date: __/__/____

Staff member: *If person signing this form is under 18years old, I have explained consent and believe they are competent in their understanding:* _____