Youth Forum Consent Form

Name of young person:	
Address:	
Postcode:	
Date of Birth:	
Name and Contact Number of Parent/Guardian:	
Name of family doctor:	
Address & Contact Number of family doctor:	
Details of any allergies that affect your young person:	
Please give details of any medication your young person is currently taking, the dosage and whether it can be self-administered:	

We plan to communicate via email with updates of event details.

I give permission for my young persons'/my email address to be stored and used for communication regarding Youth Forum, its activities, as well as related activities which the Youth Council seeks to promote awareness of. I understand that if I submit my personal email address that I will receive copies of all email circulations.

YES ☐ NO ☐   (please tick as appropriate)

Please provide your young person's email address and/or yours to receive these updates:
_____

Photographs will be taken for publicity purposes. Should you wish that your young persons' photograph NOT be taken, please tick here: ☐

I consent to my young person attending the overnight and day time activities planned through Connor Youth Council as part of the Connor Youth Forum for 2016. I confirm that the details here are complete and correct to the best of my knowledge. In the unlikely event of an accident, I give permission for any appropriate first aid to be given by the nominated

first aider. In an emergency and I cannot be contacted, I give permission for my young person to be given hospital treatment, including anaesthetic if necessary. I understand that every effort will be made to contact me as soon as possible.

Parent/Guardian's signature: _____

Date: _____

Young Person,

Please confirm if you are planning to attend the meetings planned for 2016:

Dates	Proposed Location	Attending Yes/No
Friday 26 – Saturday 27th February	North Coast	
Saturday 9th April	Greater Belfast	
Thursday 25th August	Antrim	
Saturday 3rd September (during Youth Weekend)	Castlewellan	
Saturday 19th November	Lisburn	