

The 'Old Bank' Camelford

24Market Place
Camelford
Cornwall PL32 9PF

Email- theoldbankcamelford@gmail.com

PARENTAL CONSENT FORM FOR YOUTH CAFÉ

Dear Parents/Guardians

We are asking that all parents complete a new registration form, even if you have previously completed one, so we can update our records of any changes.

The Youth Café drop in sessions run on a Thursday evening from 7.00pm till 9.00pm and are open to young people between the ages of 11 to 18 years old

We are keen that parents understand the project runs as a "drop-in" session and participants are able to enter or leave the building throughout the session. In order that we know who is in the building participants are asked to sign in and out at all times.

N.B. If your child leaves the building during the session we cannot be responsible for their well-being/ behavior/safety.

If you expect your child to be in the building throughout the opening times can you please make sure your child is aware of this.

We also wish to keep participants names/details on a database for our records
As their parent we are asking if we have your permission. YES/NO

Project: The 'Old Bank' Youth Café
Tel No: 01840 213232

Contact name: Claire Hewlett
Mob No: 07496 960355

Please complete the following and the attached sheet and return to the project.

Name of Young Person _____

I understand the project runs as a "Drop-In" system and my child may leave the building during the session. YES/NO

I expect my child to remain in the building once they have signed in until they leave to go home and have explained this to them. YES/NO

Signature of parent/guardian _____

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Personal details			
Name of Young Person			Gender M = <input type="checkbox"/> F = <input type="checkbox"/>
Date of Birth	Mobile number	Ethnicity	
Email address (please print)			
Address	Postcode:		
Name of Parent/Guardian	Relationship to young person		
Telephone home	Mobile number		
Address (if different from above)	Postcode:		
Emergency contact & Medical Information			
Emergency contact Name	Relationship to young person		
Telephone home	Mobile		
Name of Doctors Surgery	In which Town		
Telephone number			
Does your child have any conditions/requirements we need to be aware of?	(Incl. allergies, medical, disability, injuries, religious beliefs etc)		
If yes please give details: (including any medication they are currently taking)	Yes = <input type="checkbox"/>	No = <input type="checkbox"/>	
Declaration to be signed			
Data Protection: Any data provided in this form will be stored and processed in accordance to the Data Protection Act 1998 and used for various administrative and health and safety purposes.			
PHOTO CONSENT			
I agree to photographs and/or video images being taken of the young person named above for use in project work. I also grant permission for any licence that may be required to permit the photographs and any adaptations being used in printed publications and marketing and advertising material including internet sites. I understand that I do not own the copyright of the images or contributions.			
		Yes = <input type="checkbox"/>	No = <input type="checkbox"/>
DECLARATION			
I agree to the young person named above receiving emergency medical treatment, including anaesthetics or blood transfusion, as considered necessary by the medical authorities present.			
I have completed the form to the best of my knowledge, and I confirm that I am willing to allow the young person named above to attend the above mentioned youth club.			
Signature of Parent/Carer:	Print Name:		
Date Signed:			