



Youth Group Consent 2018



Coxhoe Quarrington Hill Senior Junior

Name: _____ D.O.B. ___/___/___ Age: ___ years

Address: _____

Postcode: _____

Contact Telephone Number: _____

Email Address: _____

Doctors Name & Address: _____

Medical History / Allergies: _____

Emergency contact 1 _____

Emergency Contact 2 _____

Parent / Guardian Signature:

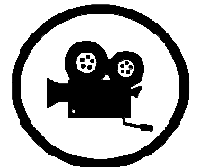
_____ Date: ___/___/___

(young person can sign if aged 13 years or over)



Photographic and Video Film Consent

(including electronic recordings I.e. mp4)



We at Coxhoe Parish Council Children and Young Peoples Service occasionally take pictures / Video of activity undertaken by young people attending our Youth Clubs and Community Events.

These photo's / Video's will be for promoting Youth Club and Community Events.

They will go in The Coxhoe Chronicle, the Parish website and on social media.

NO CHILD WILL BE IDENTIFIED BY NAME.

Any child / young person that is in local authority care or under any kind of court order or child protection plan should not be photographed. This is in line with policy.

By signing below, you give consent for photographs / video to be used as stated above.

Signature: _____ Date: ___/___/___

You can withdraw this consent at any time in writing.