

Refresh 2016 Consent Form



Consent

I _____ (parent / legal guardian) of _____ do hereby give my permission for my son / daughter to attend **Refresh, 17th August, at St. David's College from 12-4pm.**

(If your young person requires I lift) - I also give my permission for my son / daughter to be driven to and from the event by a leader.

I give my permission for leaders to make any emergency medical decisions regarding my son/daughter in the event that I cannot be immediately contacted.

Signed _____ Date _____

Photo Consent

To comply with the 1998 Data Protection Act, your permission must be given before any pictures of your child/ren are taken and used.

Please answer the two questions below, then sign and date.

1. May we use your child's image in any display or promotional materials? YES / NO
2. May we use your child's image on our website? YES / NO

Signed _____ (parent / guardian) Date _____

Medical and General Info

Full Name of Child _____

Child's D.O.B. _____

Full name of parent / legal guardian _____

Home Address _____

Emergency Contact Number _____

If the answer is YES to any of the following, please give details - continue overleaf if necessary

Does he / she suffer from any allergies? **YES / NO**, details:

Does he / she carry any medication that needs to be taken regularly? **YES / NO**, details:

Does he / she suffer from a condition or illness requiring regular treatment? **YES / NO**, details: