

**Winsford Youth and Community Forum (WYCF)**  
**Parent Contact Consent Form**

(To be completed by a parent/carer where participant is under eighteen years of age)

**1. NAME OF CLUB/PROJECT:**

**2. PERSONAL DETAILS:**

Name of young person ..... Date of Birth .....

Age on last birthday ..... Have you ever had free school meals YES / NO

Name of school attending and school year  
.....

**3. MEDICAL CONDITIONS (please circle)**

- (a) Does your child suffer from any conditions requiring medical treatment which may require additional assistance to enable him/her to participate in any activities? YES / NO
- (b) Does your child suffer from any allergies that we should be made aware of, including allergies to medication? YES / NO
- (c) Are there any other special educational needs, disability, impairment or communication requirements you would like us to be made aware of? YES/NO

If you answered **yes** to any of the above, please provide us with all relevant details below (continue on a separate sheet if needed.)

.....  
...  
.....  
...  
.....  
...

Name of GP/Surgery ..... GP Contact Number  
.....

**4. CONTACT DETAILS:**

Name of Parent/Guardian (Please print) .....

Address .....

Contact Number .....

Other Emergency Contact;

Name and relationship to young person .....

Emergency Contact Telephone Number: .....

### 5. INSURANCE:

Details of Winsford Youth and Community Forum's (WYCF) insurance cover and Data Privacy Notice are available and displayed at New Images Youth Centre/at the venues where our activities are held.

### 6. DECLARATION:

I hereby give my consent for decisions to be made on my behalf in cases of emergency, to include permission for medical treatment, including anaesthetic, as considered necessary by the medical authorities and having taken into consideration any relevant information supplied above.

I confirm that I shall inform WYCF or the person in charge of the activity, of any change in the medical circumstances as in section 3 above or any changes since the date of completion of this registration form.

I understand that this consent form is valid throughout your young person's attendance at the Centre. I agree to write or call in person at the offices of WYCF prior to any activity for which I wish to withdraw my consent.

I acknowledge the need for responsible behaviour on the part of the young person and the need to follow instructions given by the person in charge of this event.

I understand that if necessary, it is my responsibility to collect my child from any activity/event which they have attended.

### 7. PERMISSION:

I give permission for my child's details to be kept on a database for the purpose of contacting parents, seeking support when needed, funding reports and updating your child/young person about future events etc, held by WYCF.

Please tick the boxes below to give permission for the particular communication methods.

Send Text Messages

Send email

Social Media

Take Photos/Video footage

### Contact Details of Young Person (Complete if applicable)

Mobile number ..... e-mail

.....

**CONSENT:** Signed \_\_\_\_\_ Date \_\_\_\_\_