

General Consent Form For Visits And Activities

I give permission for _____
Address _____ Post Code _____
Date of Birth _____ Age _____

To participate in visits and activities based in and around York over the next **SIX/TWELVE*** months (*please delete as appropriate) on the condition that I am informed about date, time and venue of activity/trip at the time of the booking and that I am sent an additional consent form for all activities and trips conducted outside of the York or any that the service feels specific consent is required.

Medical Consent

Please detail below, if the young person suffers, **even mildly**, from any condition, such as epilepsy, asthma, diabetes, heart condition, allergies, special dietary needs or physical weakness. If your child has suffered from any contagious or infectious diseases during the past three months please give details of these.

Name of Parent/Guardian (In Block Capitals) _____
Address _____
Telephone Number _____

Signature of Parent/Guardian _____ Date _____

Please tick this box if you **DO NOT** give permission for Poppleton Youth Club to take pictures of your child to use to advertise and use within the club.