

**THE PEARSON CENTRE FOR YOUNG PEOPLE
CONSENT FORM**

The Pearson Centre for Young People

2 Nuart Road, Beeston, Nottingham, NG9 2NH

Contact Telephone No: 0115 925 4112

Leader in Charge: Charlotte Chiweshe/ Jennifer Sampson

(It is advised that parents/guardians make a note of the above details).

(To be completed by the Parent/Guardian)

Name of Parent: _____

Full name of member: _____ Date of birth: _____

Permission

I give permission for _____ (Young Person's name) to attend and take part in the activities at The Pearson Centre.

I give permission for a qualified first aider to give first aid at the scene of the accident. In the event of any illness or accident, I authorise the Leader in charge to sign on my behalf, any written form of consent for treatment or medication required if the delay required to obtain my own signature is considered inadvisable by the medical authorities concerned. I also authorise a leader of the activity to administer medication as prescribed by a doctor.

Signed: _____ (Parent/Guardian) Date: _____

Medical Details

Name and address of young person's Doctor: _____

Doctor's Telephone No: _____

National Health Service Number: _____

Details of any infectious disease with which there has been contact within the last three weeks: _____

Details of medicine/diet/treatment which is being taken/followed (including any medication needed whilst at the event/activity): _____

Details of any known allergies/sensitivities (eg penicillin): _____

Parent/Guardian Contact Details

Address: _____

Post Code: _____

Telephone: (home) _____ (mobile) _____

Email address: _____

Alternative Contact (name and telephone number): _____

Signed: _____ (Parent/Guardian) Date: _____

Special Needs

Please give details of any particular needs your child has to enable them to participate in the activities: _____

Photographs

It is possible that photographs will be used during activities and that members may appear in photographs that will be used for publicity purposes (e.g. Church/Company newsletters, Local Press, Club Website, etc.) Care will be taken to ensure that addresses of individuals are not given but if you would prefer your child not to be included in such photographs please indicate below: _____

If individuals express a wish not to be in any publications that wish will be respected.

Charity Registration Number 522177

PLEASE RETURN THIS FORM ON THE FIRST SESSION