



High Oak Youth and Community Centre



Enlight Projects



Saltwells Youth Club

**Enlight Projects, Saltwells Youth Club and High Oak Youth and Community Centre
Parental Information and Consent Form**

THIS SECTION TO BE COMPLETED BY A PARENT/CARER AND RETURNED TO THE ACTIVITY LEADER

Please note that the information on this form is for the use of the youth leaders at the above Youth Organisation's and is not available to any other individuals or groups. This means that we will not disclose your e-mail address, mobile number or any other details to another individual without your permission.

This form gives the responsibility of your child to the Youth Worker/ Activity Leader during the period of the activity. It also gives authority to sign on your behalf for emergency hospital treatment.

Full Name of Child	
Date of Birth	
Age	
Address	
Post code:	
Telephone No. Home	
Telephone No. Mobile	
E mail:	
Will you be at this address during the activity?	
Your address & Tel No (if different from above)	
Doctors Name	
Surgery	
Contact no.	
Any Special Dietary Requirements	
Is there any medical or other information that we need to know in order to safeguard the health and safety of your child? (E.g. protection issues Allergies, Diabetes, Epilepsy, Medication etc.)	Please note that we are unable to give any medication or medicines.

I have read and understood the information given to me on the above activity,

Therefore I give permission for..... (Name of Child)

To take part in all Programmes **From June 2018- June 2019**

Parent/Carer's NameRelationship.....

Signature Date

Signature Child Date

PTO



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Consent Form for Photographs and video's

Before using any photographs or videos of your child, we must have your written permission. These photographs and videos may be used for press releases in the newspaper, magazines, in other publications, our web site, our Facebook page or other social media publications relating to the Project work, produced by Enlight Projects, HOYCC and Saltwells Youth Club also with our trusted or any accredited partners in accordance the child protection and data protection act.

It is not always possible to predetermine which children will be involved in projects attracting such attention. This form is valid for five years from the date of signing.

Please complete the details below and return to the Youth Worker as soon as possible.

Child's full Name

Year and month of signing / 2018

You are agreeing to the above statement

Signed Dated
Parent / Guardian #

Please tick the boxes below to give permission for the particular item.

I give permission for the above organisations to...

Send out Text and whatsApp messages

Send out E-mails

Use Facebook

Take Photos/ Video

Contact Details (of young person) – fill in if applicable

Mobile Number: _____ E-mail: _____

If you have a query about how your personal data is used by the above organisations, please contact the Data Protection coordinator:

Angela Edwards
High Oak Youth & Community, Centre Manager
34 High Oak
Pensnett
DY5 4LA
Tel: 07982428831

Consent may be withdrawn at any time by contacting Angela Edwards as above.

Thank you for your co-operation.