

PARENTAL CONSENT FORM FOR: YOUTH VISION – Give it a Go

DETAILS OF THE PERSON ATTENDING

First Name (s)Surname.....

Address

TelephoneDate of birth

Current School Year.....

MEDICAL INFORMATION.

Please give details of any medication currently being taken on a regular basis, whether this is self administered or needs an adult to administer it, and also give details of any known medical condition:

Please give details of any allergies, including allergies to medicines or food allergies:

Please give the name and address of your GP

STATEMENT OF CONSENT

The person giving consent should be the **parent** or **legal guardian** of the young person named above.

I consent to _____ (name of young person) attending and I give permission for the group leader to authorise emergency medical treatment should the need arise.

Contact telephone number in an emergency

HomeMobile.....

Signed

Name (Please print).....

Relationship to person attending: Mother/Father/Legal Guardian