



Staffordshire Council of Voluntary Youth Services

Tel: 01785 240378

Email: office@staffscvys.org.uk

Participant Consent Form

Description of activity	Staffordshire Youth Council
Leader	Josh Armitage (SCVYS)

Personal Information

Forename		Surname	
Date of Birth		Gender	
Email address			
Home Address			

Emergency contact person, (parent/guardian/next of kin) during event/activities

Name	
Relationship to participant	
Home Address	
Contact telephone numbers	Home: Mobile: Work: (if applicable)

Additional Information

Additional Requirements - This should include details of any additional learning needs, medical conditions and medication, any non-food related allergies, religious requirements or any other information you think we need to know about.

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Dietary Requirements - This should include details of any food allergies and details of particular dietary needs, including religious food needs.

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Consent

This section needs to be completed by a parent/guardian unless you are over 18 or living independently.

If you are over 18 or living independently please tick this box.

Video and photographs will be taken of activities undertaken by the Youth Council and may be used by SCVYS for promotional purposes, including our newsletter and social media feeds and local press.

I agree to the taking of photographic materials and using them as outlined above.

Yes No

I agree to my child taking part in interviews with local press and media.

Yes No

I agree to my child's first name being used in newsletters, on social media and in local press and media.

Yes No

I agree to my son or daughter receiving medication as instructed and any emergency dental, medical or surgical treatment, including anaesthetic or blood transfusion, as considered necessary by the medical authorities present.

Yes No

I confirm that my child is in good health and I consider them fit to participate.

Yes No

I agree to the information in this form being shared by SCVYS with the venue of the event/activity where necessary.

Yes No

I agree to my child taking part in a case study regarding their experience on the Youth Council. (Further consent will be required at the time).

Yes No

SCVYS has full public liability insurance to the level that is required to deliver this activity. All staff and volunteers involved in the Youth Council will also be DBS cleared appropriately. Risk Assessments will be carried out for all activities delivered during the event and SCVYS child protection policies will apply during all events. Qualified first aiders will also be present at all events. If you would like more information please contact the office on 01785 240378.

I understand the extent and limitations of the insurance cover provided.

Yes No

Print name			
Relationship to participant			
Sign		Date	