

Support worker/staff emergency contact and consent form



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|--|--------------|--|--|
| Full Name: | | Local Authority: | |
| Date of Birth: | | Mobile contact no at the event: | |
| Local Authority back at base emergency contact name, role and number: | | | |
| Name of emergency contact (next of kin) and relation to you: | | | |
| Emergency contact number: | Work: | Personal: | |
| Do you have any medical requirements that we need to be aware of (including information on medication)? | | | |
| Do you have any dietary requirements that we need to be aware of? | | | |
| Do you have any access and/or communication requirements that we need to be aware of? | | | |

- In the event of any emergency I give permission for medical treatment to be administered **(please tick box to confirm)**.
- I agree to allow my image, likeness or voice to be used by British Youth Council (or British Youth Council partner) for communications or marketing purposes through any media **(please tick box to confirm)**.

Signed:

Date:.....

In accordance with Data Protection information from this consent form will only be recorded and shared with BYC adult professionals as appropriate. BYC will only keep this information in paper form until the end of the event after which all information is destroyed.

Updated: February 2017