

INFORMATION & CONSENT FORM

We need to keep up to date and accurate records of all young people who attend our activities. This allows us to be aware of potential needs the young person may have and contact details of a relative should the need arise. This information will be kept safely in accordance with our Data Protection Policy and only made available to the leaders of the groups involved, it will not be shared with any third party.

We also need permission to communicate with your young person via email & social networking and to take photos for publicity and fundraising. The youth work coordinator oversees all communication with young people in order to maximise complete safeguarding.

If you would like more information call Kayleigh on 07535 254031 or email youthworker2@porchproject.co.uk or Zach on 07811 315667 or email youthworker3@porchproject.co.uk

Name of young person: _____

Address: _____

Post Code: _____

Date of Birth: ___/___/___

Health Declaration

In the event of an emergency it is vital we have contact details for your son/daughter.

Any known allergies, medical problems, disabilities or emotional/mental/behavioural issues, that may affect normal activity, plus details of medication being taken:

Name: _____

Relationship to young person: _____

Address: _____

Post code: _____

Emergency Contact number: _____

Signature: _____

Date: ___/___/20___

I give permission for my young person to take part in the normal activities of this group. I understand that separate permission will be sought for certain activities and outings outside the normal meeting times of the group. I understand that Porch Project staff will take all reasonable care of the young people during sessions but they cannot necessarily be held responsible for any loss or damage to personal items or injury suffered by my young person during, or as a result of, the activity.

To be completed on first session by young person and given to the person supervising the door.

Name of young person: _____

Date of Birth: ___/___/___

Parents / Guardians name: _____

Address: _____

Emergency Contact number: _____

Date: ___/___/___