



Parental Consent

This form is to be filled in for each young person attending an activity or event run by The Wave Youth. All activities will be supervised by The Wave Youth workers who are DBS checked and work according to The Wave Youth & Children Ministry's Child Protection Policy.

Event/Activity:

Full Name of Young Person:

Date of Birth:

Address:

Any Known Medical Conditions, Allergies or Dietary Needs:

Any Medication the Young Person Will Have With Them (i.e. Inhalers):

Name of Parent/Carer:

Contact No:

Email:

- I hereby give permission for my child to take part in the above event/activities.
- Do you consent to photos being taken of your child for local display or publicity?
- Do you consent to un-named photos being used on our website/ social media?
- In an emergency, if I cannot be contacted, I give permission for my child to receive first aid or necessary hospital treatment, including anaesthetic.

Parent/Guardian Signature:

Date:

Any questions, call Richard Docherty 07860 820674 or Berno Vierbergen 07341 300594