

# Parental Consent Form: MTV Youth Hampton

Name of young person:

Date of birth:

Address:

School and year group:

## Who has parental responsibility for the young person?

Name:

Address *(if different from above)*

Contact number:

Email address (essential for giving you information about the club)

A second emergency contact name, number and relationship to young person:

## Medical details / Food allergies

Any medical conditions, medication or disability about which we should be aware:

Food allergies or special dietary requirements or phobias:

## Photo consent

We would like to take photos and short films at the club to display at the club, to use in MTV newsletters, on the MTV Youth website and to send to our funders who may use them in their own publicity. If you DO NOT wish your child to be included in these please tick the following box:

## Parent / guardian authorisation

I agree to my child attending MTV Youth (yes / no)

My child will be brought to and collected from the group (yes / no)

I am willing for my child to receive hospital or dental treatment including anaesthetic (yes / no)

Signature of parent / guardian: .....

Print name:

Date: