

**Parental Consent Form: MTV Youth Hampton
September 2017- August 2018**

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:

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

Please provide your email address if you would like to read our half termly newsletter:

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. Please tick the following box to give your consent for this.

Trips / Events

Occasionally we will organise special events and trips for MTV young people. Information will be sent out with details for individual trips. Ticking the following box gives your general consent for your child to attend trips. We will expect you to inform us if your child is coming on each individual trip and to let us know if contact details need updating for the date of the trip.

Parent / guardian authorisation

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

My child will be collected from MTV Youth (yes / no)

I am willing for my child to receive hospital or dental treatment including anaesthetic (yes / no)
(only in the event of an emergency if parent / guardian can not be contacted)

Signature of parent / guardian:

Print name:

Date: