

Glenboig Neighbourhood House

Consent Form

TO BE COMPLETED BY A PARENT/GUARDIAN

We would appreciate it if you would inform us of any changes that may occur to either health or personal details during this time.

Section 1

Name of Child

Date of Birth

Home Address

Telephone Number

Section 2

Name of Doctor

Address of Surgery

Telephone Number

Does your child have any medical conditions we should be aware of? YES/NO

If yes, Please provide details of condition and medication if required

Does your child have any allergies? YES/NO if yes, Please provide details.

Has He/ She had a tetanus injection? YES/NO If yes, When?

Can He/ She swim? YES/NO

Section 3

Please outline any Dietary requirements your child may have

Emergency Contact / Relationship to Child

Telephone Number

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Section 4

Do you consent to us taken Photograph / Video footage of your Child/Children to be used for the purpose of Glenboig Neighbourhood House Yes /No?

I understand that the photograph will be used to publicise Glenboig Neighbourhood House services and would feature in publicity materials including leaflets, publications, our web sites and annual report.

I understand this photo will be used for up to 2 years, from the date taken. If it is to be used beyond this time Glenboig Neighbourhood House will contact you again to ask your permission.

I acknowledge the need for responsible behaviour during the time at the club and consent to any emergency medical / dental treatment, including anaesthetic as considered necessary by the medial authorities

Signature -----

Print Name -----

Relationship to Child -----

Date -----