

CONSENT FORM

For Under 18's form should be completed by a parent/guardian before your young person can participate in the event detailed below. One form should be completed for each young person. Over 18's please complete Emergency Contact details and Medical details and consent.

Details of Event	
Venue	
Travel	
Chaperones INFO	

I agree to my young person taking part in the above mentioned event.

Name of child	
Home address	
Date of Birth	
Home Telephone No.	

Parent(s)/Guardian Telephone Nos.	Mobile
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MEDICAL INFORMATION

Name of Doctor	
Doctor's Address	

Does your son/daughter suffer from any conditions requiring special medical treatment, including medication? If yes, please give details below.

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We would appreciate an alternative contact name and details (in case of emergency).

Name
Relationship to child (neighbour/ aunt etc.)
Address
Telephone number

Any other comments or information you may feel useful

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Adult Consent and Permissions for under 18s

Please complete permissions for the following. (Please tick appropriate box)

I **DO/DO NOT** give permission for BYT Chaperones to seek emergency medical help.

I **DO/DO NOT** give permission for my daughter/son to leave the premises unaccompanied

IMPORTANT INFORMATION - PHOTOGRAPHY AND FILM

From time to time Borders Youth Theatre partnership organisations would like to use photographs of volunteers and young people taking part in activities organised by us. These include newspaper articles, publicity display boards, websites relating to the project and films.

I **DO/DO NOT** give permission for the use of images/pictures in reports, displays, articles, films or websites. (Individual names will not be used without additional permission)

Name:- Child's Name:-

Signature:- **Date:-**

Please bring this completed form with you on the day of travel:

Eula Wilkin info@bordersyouththeatre.scot

TEL:- 07392 824301