

# CONSENT FORM

## Parental Consent for Become United Youth Activities

Each group member’s parent/guardian must complete this form annually.

We understand that circumstances may change, please inform us in writing of any change in circumstance as soon as possible.

### Young Person’s Details

Name			
Address			
Postcode		Date of Birth	
Contact Number			
E-mail Address			
School		School Year Group	

To ensure the safety and comfort of your child whilst under our care, please provide details of any allergies, phobias, medical conditions, or disabilities.

---



---



---



---

Please provide details of any medication needed by your child. You must ensure an adequate supply is given to one of the organisers of any event.

---



---



---



---

Details of any dietary requirements

---



---



---

### Emergency Contact Details

Parent/Guardian’s Contact details. Please provide at least 2 numbers

Name			
Contact Number 1		Contact Number 2	

Become United

--	--	--	--

Please provide an alternate contact should the Parent/Guardian be unavailable. Please provide at least 2 numbers

Name			
Contact Number 1		Contact Number 2	

### Family Doctor's Contact Details

Doctor's Name	
Address	
Contact Number	

Please provide any further important information

---



---



---

### Consent

Do you consent to video or photographs of your child being taken whilst partaking in activities, for the purposes of marketing? These videos or photographs may be used online and/or on social media.

**Yes / No**

- I give consent to my child taking part in the night flight and future events in Become United for the next year (this could include after mosque activities/weekend activities)
- I also give consent that they can make their way from any of these events if necessary/or I will arrange for them to be picked up.
- I agree to photographs and short videos of activities including my child to be taken for use within the community and publication including newspaper or internet.
- I agree to any emergency treatment to be given as considered necessary.

**NB.** The medical profession takes the view that a parent's consent to medical treatment cannot be delegated. Medical consent forms have no legal status and a doctor has the right to insist on parental consent before treating a child. We have found, however, that medical staff finds this type of general consent helpful.

We recognise that circumstances/information changes and if it does it is my responsibility as a parent/guardian to make the organisers aware in writing so that changes can be made to the existing form or a new form can be completed.

Signed                      Date

-----

-----

Policy Name and Number	
Effective From	01/06/2024
Version Number and Date	Version 3 & 2 June 2024
Review date	1 June 2024
Designated Person	Dewan Choudhury (with DBS)
Second Designated Person	Mohammed Towhasir (with DBS)

**Revisions**

Version Number	Date	Changes	Author (Name and Job Title)
Version 1	01/06/2022	First Written	Dewan Choudhury Project Manager
Version 2	01/06/2023	Review	Dewan Choudhury Project Manager
Version 3	01/06/2024	Review	Dewan Choudhury Project Manager