

Crocus Special Needs Association

Special Buddies Youth Club - Consent Form 2018/2019

All information given on this form will be kept strictly confidential.

I give permission for my son/daughter _____ to take part in activities at Special Buddies youth club, Gracehill Galgorm Community Centre, and any other outings, detailed in Crocus programme of events.

I **do/do not** (delete as appropriate) give permission for my son/daughter to be photographed/video recorded at Crocus youth club or activities. The photographs/video may be published in the local press, used in Crocus literature or for public presentations.

Club Members Name:		
Preferred name:		
Address:		
Telephone:		Date Of Birth:
Parent/Guardian contact details:	Name:	Relationship:
	Telephone:	E-mail:
Emergency contact details:	Name:	Relationship:
	Telephone:	
Name & Telephone number of GP:		
Details of disabilities/special needs:	(e.g. Downs syndrome, cerebral palsy, autism, etc. if diagnosed)	
Any particular communication used (e.g. makaton):		
Any other helpful information:	(e.g. on medication, allergies, not allowed sweets or drinks, etc.)	

Any behaviour patterns which may arise at Youth Club can be written on the back of this form.

This form must be signed by parent or guardian (or the person with parental/legal responsibility)

In the event of illness or accident, I give my permission for medical treatment to be administered where considered necessary by a nominated first aider, or by suitably qualified medical practitioners. If I cannot be contacted and my son/daughter should require Emergency hospital treatment, I authorise an adult leader to sign on my behalf any written form of consent required by the hospital. However, I understand that every effort will be made to contact me as soon as possible. I confirm that the above details are correct to the best of my knowledge.

Parent/Guardian signature:

Name printed in full:

Date: