

**LYPPARD HUB**

**ANKERAGE GREEN WARNDON VILLAGES WORCESTER WR4 0DZ**

# TEL: 01905 616841 FAX: 01905 610935

### EMAIL ADDRESS: info@lyppardhub.co.uk

Dear Parents / Guardians,

At Lyppard Grange Youth Club we do all we can to protect the safety of your child. It helps us greatly to know that we have your support and consent for the normal activities we run. Please fill in this form, which will remain confidential within the Centre.

**Please be aware that the Lyppard Grange Youth Club has an ‘open door’ policy meaning that the children attending the club are free to come and go at any time. Normal session times: Tuesdays and Thursdays 6.30pm – 8.00pm.**

Youth Club Consent Form

Your child’s name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Child’s D.O.B: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Your details: (Parent or carer)**

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Postcode: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone No: Day: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Evening: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Name of an additional contact:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Grandparent etc or other holding parental responsibility)

Phone No: Day \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Evening: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Child’s GP: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ GP Phone No: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I give consent to my child attending Lyppard Grange Community Centre Youth Club and taking part in any planned activities. I understand that Lyppard Grange Community Centre operates an ‘open-door’ policy and I understand I take full responsibility for my child at all times. **I also consent to photographs being taken of my child during activities and used for the clubs website/facebook page and centre displays.**

Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
  
**Emergency Medical Treatment**

I consent to any emergency medical treatment deemed necessary and authorise the Lyppard Grange Community Centre / Lyppard Grange Youth Club staff, on my behalf, any written form of consent required by medical authorities should it not be possible to contact me in an emergency. I understand that every effort will be made to make such contact, as and when required.

Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Parent/guardian) Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_