

**Youth Club Consent Form**

Dear Parent / Guardian

At Lyppard Hub 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 complete the form and return it to a member of the team.   
The data provided will be kept securely and not shared with any other third party except in extreme circumstances where the data will then be passed on to medical professionals and or the Police.  
  
***Day to Day Operations:***

***Please be aware that the Lyppard Hub Youth Club has an ‘open door’ policy whereby the young people attending the club are free to leave the setting of their own free will. Once the child / young person has left the building, the parent / guardian for the individual becomes responsible for their actions.*Please note: Any** **deliberate damage to property will be recharged to the person(s) responsible by means of a criminal investigation (Police intervention) and/or Small Claims Court.**

**Your Child’s details:**

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

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

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

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

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

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

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

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

(Grandparent etc. or other persons holding parental responsibility)  
  
Contact number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship to the child: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Disclaimer:**

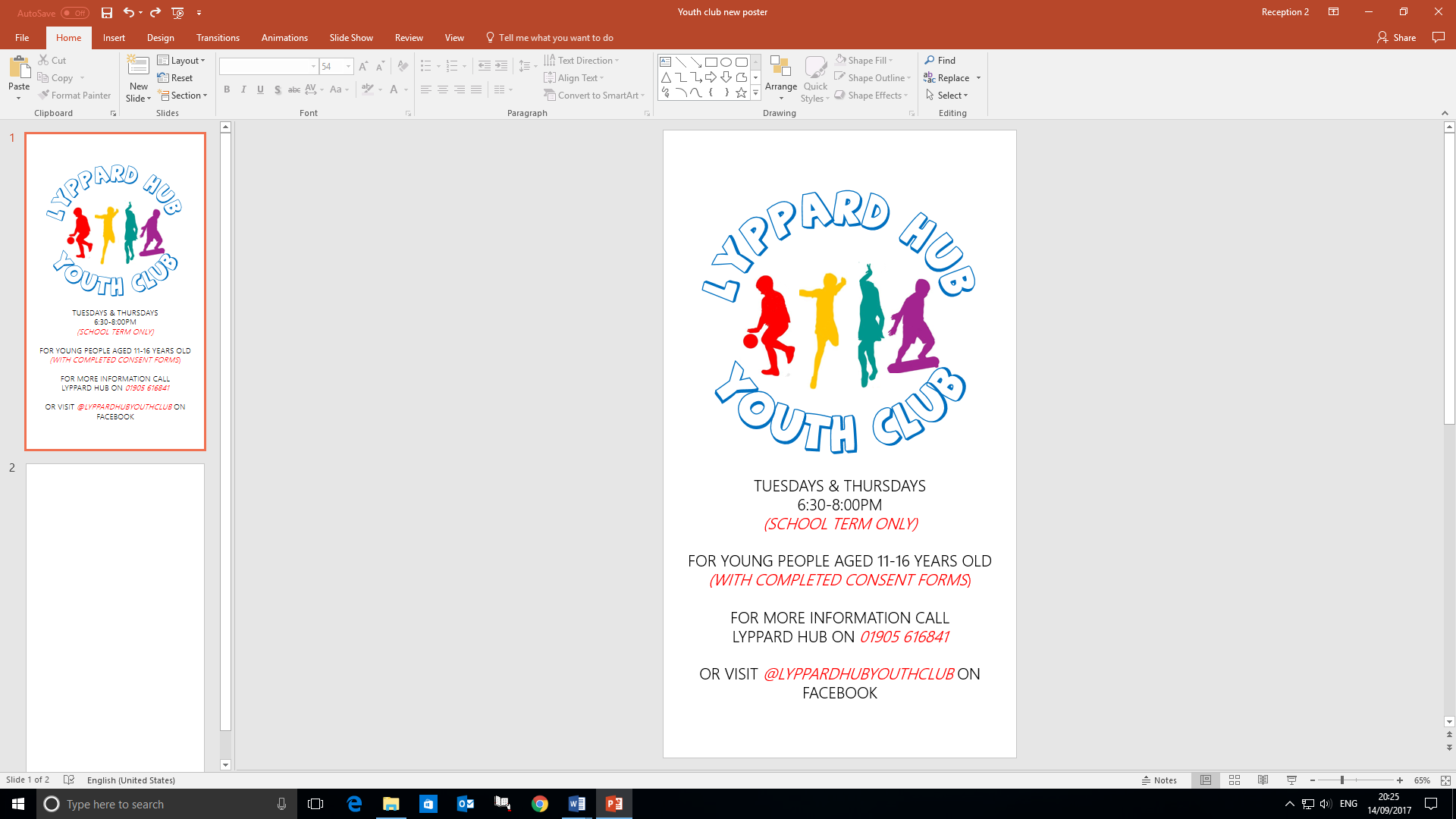
* *By signing below I consent for my child to attend Lyppard Hub Youth Club and take part in any planned activities.*
* *I understand that Lyppard Hub Youth Club operates an ‘open-door’ policy and I take full responsibility for my child at all times.*
* *I understand my child could be given an ‘Early Night’ should they not comply with the behavior rules as outlined. The above named parent or carer will be notified by telephone to confirm early collection.*

*We like to document activities in session using photos which are used on our website, internal displays and social media. Images are stored in a secure location and only used for marketing purposes.   
Please tick here if you* ***DO NOT*** *wish for photos to be used of your child*

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

Print Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
  
**PLEASE COMPLETE THE MEDICAL TREATMENT AND MEDICAL HISTORY SECTION OVERLEAF  
BEFORE RETURNING THIS FORM**

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**Emergency Medical Treatment**

I consent to Lyppard Hub / Medical Authorities to administer any emergency medical treatment 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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
(Parent/guardian/ Personal with parental responsibilities)

***Medical information:***

|  |  |
| --- | --- |
| ***Medical condition and date of diagnosis*** | ***Medication and any other information which may be relevant to your child’s needs while in session*** |
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|  |  |
|  |  |

*Please use a separate sheet if required.*

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| --- |
| ***Any other information (including any allergies):*** Please let us know if there is any other information that might be useful to the team to help support your child while in session |
|  |

***PLEASE RETURN THIS FORM TO A MEMBER OF THE YOUTH CLUB TEAM IN AN ENVELOPE***