



Parental/Guardian Consent Form

At Studley Youth Foundation (SYF), the health and safety of all young people engaging with our services is paramount. As parent/guardian, we require your consent to enable your child to attend the youth club and participate in organised activities or events.

Any data provided on this form will be stored securely in accordance with GDPR (General Data Protection Regulations) and not shared with any third-party, except where there are exceptional circumstances e.g., medical professionals and/or the Police.

Please complete the following details and return the form to studleyyouthfoundation@gmail.com or deliver by hand to a Youth Worker

Your child's details:

Full Name		Date of Birth:	
Address			
GP Name:		GP Surgery:	

Parent/guardian's details:

Full Name			
Address			
Mobile:		Alternate Tel No.	
E-mail:			

Emergency contact: (please provide details of an alternate person who can be contacted in case of emergency)

Full Name			
Tel Number:		Relationship to child:	

Open Door Policy

Please be aware our youth club operates an 'open door' policy, whereby a child attending is **free to leave the venue of their own free will**. Once signed out, the parent/guardian resumes responsibility for their conduct and safety. Where relevant, we will check with them to see if they have consent to travel home independently. If not, they will be advised to contact you before departing.

If you do not consent to your child travelling home independently, you should arrange to collect your child from the club location.

I give my child permission to leave the youth club at any time and to travel home independently.

Yes No

Confirmation:

- I consent for my child to attend the SYF youth club and take part in any planned activities or events
- I understand my child’s attendance may be impacted if they fail to meet any of SYF’s expected behaviours

Signed:

Print Name:

Date:

Promotional:

To raise the profile of SYF and provide updates on the activities that young participate in, SYF may take photos or videos which may be published on social media or website (both managed by SYF)

Please tick if you **do not** consent to photos being taken

Please tick if you **do not** consent to videos being taken

Emergency Medical Treatment

I consent to Studley Youth Foundation (or any medical professionals) administering medical treatment in the event of an emergency. I understand that every effort will be made to contact a parent/guardian and/or emergency contact, prior to administering any treatment (where this does not cause any unnecessary delays which impact any life-threatening situation)

Signed:

Print Name:

Date:

Disability Disclosure

Do you consider your child to have a disability (as defined by the Equality Act 2010)? Yes No

Medical Record

Please disclose any long- or short-term health conditions, allergies, or any other medical related issues	Date of diagnosis	Medication and any other information which may be relevant to your child’s medical needs whilst in attendance

Please use a separate sheet if required.

Please use the space below to let us know about any other individual needs that your child has, where sharing this information could help SYF employees/volunteers support their inclusion
Click or tap here to enter text.

Please return your completed form to studleyyouthfoundation@gmail.com or deliver by hand to a Youth Worker