

Consent Form

Participant's Details (Please use BLOCK CAPITALS)

First Name (s) _____ Surname _____

Please Tick: Male Female Date of birth _____

Address _____

_____ Postcode _____

Home Tel No _____ Participant's Mobile _____

Participant's Email _____ Name of School _____

Emergency Contact Details

(1) Name _____ Relationship to participant _____

Home Tel No _____ Mobile No _____

(2) Name _____ Relationship to participant _____

Home Tel No _____ Mobile No _____

Name & Address of Doctor _____

_____ Telephone _____

Medical Information

Details of any medical conditions / allergies / sensitivities

Details of any special requirements (Including access and reading difficulties)

In case of an emergency, staff at Burnley Youth Theatre may need to carry out emergency First Aid on participants. Medical treatment may also need to be carried out by medical professionals in the absence of parental presence. Please tick to give your consent.

I give consent for First Aid / Medical treatment to be carried out on my son / daughter
in case of an emergency (please tick)

Participant Monitoring

Does the participant have a disability? Yes No

If yes, please give details

Please describe the ethnic origin of the participant (please tick)

White

British

Irish

Other (please state) -----

Asian or Asian British

Indian

Bangladeshi

Pakistani

Bengali

Chinese

Other (please state) -----

Black or Black British

Black Caribbean

Black African

Other (please state) -----

Mixed

White & Asian

White & Black African

White & Black Caribbean

Other (please state) -----

Photographs / Video Footage

Burnley Youth Theatre may want to include your son / daughter in publicity materials such as photographs, video recordings, website and press cuttings. These may be used by Burnley Youth Theatre for publicity and reporting purposes which may be passed on to other organisations. This publicity may include the name and location of the project and the name of the young person.

I agree to my son / daughter being included in publicity material YES NO

Consent

I consent for my son / daughter to be involved with Burnley Youth Theatre and I confirm that the above information is correct. I understand that for the duration of the activity my child will be under the guidance of the organisation and / or other adults approved by the organisation.

Name ----- Relationship to participant -----

Signed ----- Date -----