

# Ashford Youth Forum Trust Consent Form



**ASHFORD**  
BOROUGH COUNCIL

Civic Centre  
Tannery Lane  
Ashford, Kent  
TN23 1PL  
(01233) 331111

**Please return to:**

**Carol Morton**  
**Youth Projects Coordinator**

**Please write clearly.**

This consent form must be completed by a parent/guardian for participants of the Ashford Youth Forum Trust that are under 18 years.

## 1. Membership Details

Membership of the Ashford Youth Forum Trust is for the period:

From: March 2008

To: 30 April 2009

Members Full Name: .....

Members Date of Birth: .....

## 2. Medical Information

My child is in good physical health and I consider him/her fit to participate.

Yes  No

Do they have ANY conditions requiring medical treatment, including medication?

Yes  No

If Yes please give brief details: .....  
.....  
.....

Please indicate the type of pain/flu relief medication your child may be given if necessary: .....

Is your child allergic to any medication, food, nuts, bee stings etc?

Yes  No

If Yes please give details: .....  
.....  
.....

Please outline any special dietary requirements your child has: .....  
.....  
.....

When did your child last have a tetanus injection? .....

To the best of your knowledge, has your child been in contact with any contagious or infectious diseases or suffered from anything in the past four weeks that may be contagious or infections?

Yes  No

If Yes please give details.....  
.....  
.....

### **3. Swimming and Water Based Activities**

Is your child able to swim 50 metres? Yes  No

Is your child water confident in a pool? Yes  No

Is your child confident in the sea or in open inland water? Yes  No

Is your child safety conscious in water? Yes  No

#### 4. Consent from Parent/Guardian

I agree to my child taking part in meetings, trips and visits

I understand that Ashford Borough Council does not provide personal accident cover

I will inform the Group Leader as soon as possible of any changes in the medical or other circumstances between now and the commencement of any journey

I agree that if seat belts are provided on vehicles, they must be worn in the correct manner at all times

I agree to my child receiving medication as instructed and any emergency dental, medical or surgical treatment, including anaesthetic or blood transfusion, as considered necessary by the qualified medical authorities present.

Please confirm that you are happy with how the information provided is used:

- Ashford Borough Council is collecting this information for the purposes of Ashford Youth Forum and will use it for this and related purposes/activities.
- We may use your details to contact you about sports, arts and community activities where we consider it to be of interest to the young person or their family.
- Ashford Borough Council, may on occasion, share this information with Kent County Council and other relevant partners for the purposes of Ashford Youth Forum and its activities, where projects are jointly delivered to the benefit of young people.

I agree to information being used as detailed above

Full name (please print): .....

Signed: ..... (parent/guardian)

Date: .....

Address: .....

.....Postcode: .....

Date: .....

Contact telephone number (home): .....

Contact telephone number (work): .....

Emergency contact – if different from above: .....

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