

THE BUSY PROJECT PERMISSION FORM 2016/17

Young Persons Details:

Young persons Name:		Date of Birth:	
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Address:			
		Postcode:	

Keeping in Touch

We offer to send emails and text messages to remind you and your child of upcoming activities.

Email addresses:	
Mobile numbers:	

In certain circumstances we may contact young people individually using their own mobile phone number. Please tick this box if you do not wish this to take place.

Emergency Contacts

Contact Name:	Telephone Number:	Relation:

Medical information

Please note any relevant medical information here, including conditions, medication and other information that may help us meet your child's needs. Continue overleaf if needed.

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Please tick this box if you do not wish BUSY to use photos or videos of your child in publicity.

I give permission for the person names above to attend activities organised by the BUSY Project and those of related partner organisations. Medical information here is correct. I give permission for first aid treatment to be administered, and for the appointed leader to authorise urgent medical treatment should I be unreachable to make a decision myself.

Parent / Carer signature:		Date:	
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Valid for one year from date signed for all BUSY activities - Please update us if there are significant changes in the meantime.