



We are inviting you to attend a **FREE Dance project**
on

Wednesday 10th April 2019

2pm - 4:30pm

at Holtspur Youth Club, Holtspur Way,
Beaconsfield HP9 1DX



Please register by completing the consent form and email it
in advance to: denise.hawkes@thamesvalley.pnn.police.uk.
**This is not an open drop in youth club so please don't just
turn up without registering first.**

If you have any questions please contact
PCSO Dee Hawkes on 07970 145541.



Easter Youth Project Parent/guardian Consent Form

From (date) Consent begins	April 2019	To (date) Consent expires	September 2019
Young Person's Name		Date of Birth	
Address:			
Contact phone number:			
E-mail address:			
Where did you hear about this service? (If a professional has signposted you please tell us which agency they were from)			

I (parent/carers *name*) agree to (child's *name*) taking part in Bucks Youth activity and I agree that they need to conform to the code of conduct.

I agree for first aid or urgent medical treatment to be given, if required, during the contact/project/activity.

TVP complies with the Data Protection Act 2008 and we will store the information on this form on a secure database.

This form will be kept in a safe and secure location. Some of this information may also be kept on our secure computer database.

Tick if you don't want your information shared with any relevant agencies

Tick if you don't want to receive information by mail from us in the future.

Tick if you don't want to receive information by email from us in the future.

Tick if you don't want to receive text messages from us in the future.

Medical/Disability/Special Educational/Behavioural needs

Do any of the above apply to the participant? Please circle ONE: YES NO

If YES, it's **very important** that you fully explain the condition, its management and any medical treatment including medication. Please be aware that we are not allowed to administer medication. Please attach additional information if necessary:

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Please outline any special dietary requirements of the participant:

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Please outline the type of pain/flu relief medication the participant may be given if necessary:

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Is the participant allergic to any medication? Please ring ONE: YES NO

If YES , please specify

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When was the last time the participant received a tetanus injection?

Emergency Contact Details

I may be contacted by telephoning the following numbers:

Name: Tel. No:

Work: Home:

Home address: Post Code

If I am not available at above, please contact:

Name: Tel. No:

Address: Post Code

Name and address of family doctor:

Name: Tel. No:

Address: Post Code

Photo Consent

I agree to photos being taken of the participant, which may be used in local publications, on our notice boards or on our website to promote the work that the Youth Service does. These images **will not** be used for anything which may be viewed as negative in tone or that may cause offence, embarrassment or distress for the child or family.

please put your initials in the box as agreement

Signed: _____
(Parent/carer)

Date: _____