

Young person's medical form



Participants full name:

School / Education Centre:

Full name of parent / carer / next of kin:

Emergency contact number (and contact name if different from above):

Name and address of family doctor: _____

Phone Number: _____

Please give details of any medical conditions / disabilities that apply to your child i.e. asthma, allergies to foods, medicines, pollen, stings, plants etc. Include details of any medication taken or anything else we need to take in to consideration when planning the programme.

Please tick the box if you would like to be added to the *secret* Parents Facebook Page for information and updates - **SMYP Kids Club**

I agree / do not agree (circle as appropriate) for my child to have his/her photograph taken and/or be filmed during activities with SMYP and understand that some of these images may be used for promotional purposes for SMYP.

I agree / do not agree (circle as appropriate) to my son / daughter receiving emergency medical treatment, including anaesthetic or blood transfusion, as considered necessary by the medical authorities. I will keep St Mary's Youth Project informed of any changes in medical information.

I understand that by completing the medical form, I give permission for my child to take part in Kids Club, an organised activity by St Mary's Youth Project.

Signed: _____

Printed: _____

Date: _____

Relationship to young person: _____