



Youth Board: Mental Health & Emotional Wellbeing

Consent Form

Private & Confidential

The information you provide on this form will only be used for the purpose of your participation in the Youth Board, assessing your suitability for the role and to contact you. On this occasion we will be sharing your information with the local authority.

- This form should be completed by a parent/guardian, if you are **under 18**.
- If you are **over 18** you should complete the form yourself and sign at the end of the form.

Personal Information (about young person)

Name of child / young person:

Home address:

.....Post code:

Home Tel:

Mobile:

Email: Gender:

Date of birth: Age:

Preferred language:

- Do you have any specific access requirements, e.g. wheelchair user
- Do you require any specific support to fully participate in the Youth Board? If yes, please give details below:
- Do you have any dietary requirements? If yes, please give details (e.g. vegetarian, vegan):
- Do you have any food allergies?
- Any other information you feel may be useful for us to know:

Parent / Guardian information

Parent / Guardian Name:

Parent / Guardian Tel No:

Mobile:e-mail.....

Child / Young Person Medical Information

Name of Doctor:Tel:

Surgery address:

- Does the young person named on this form have any conditions which require medical treatment, including medication? If yes, please give details below including who is responsible for administering any medication:
- Does the young person named on this form have an allergy to any medication? If yes, please give details below:

Emergency Contact Details

Please could you provide an alternative contact name and their details

Contact name

Relationship to you / young person

Address

Telephone no

Mobile no

Declaration

- I understand that this consent from covers the young person named on this form to take part in the Youth Board: Mental Health & Wellbeing Pembrokeshire.
- I agree to the staff members of the local authority to give permission for the young person named on this form to receive any emergency dental, medical or surgical treatment, which is considered necessary by medical authority.
- I will inform members of local authority staff of any changes to the information requested on this form
- I will ensure that the young person named on this form understands, as far as reasonably possible, that it is important that any instructions given by local authority staff are followed carefully in the best interest of health and safety
- I understand that while local authority staff are in charge they will take all reasonable care of the young people, and unless they are negligent, cannot be held responsible for any loss, damage or injury suffered by any child arising during organised activities
- I undertake to inform local authority as soon as possible of any change in the young person named on this from circumstances between the date signed below and the date of the activity

X Signed **Date**

Full name of parent / Guardian:.....

Relationship to young person:.....

For further information contact:

Nadine Farmer, Children and Young Peoples Rights Team, Pembrokeshire County Council, County Hall, Haverfordwest, Pembrokeshire, SA61 1TP
Telephone: 01437 775295 Nadine.Farmer@pembrokeshire.gov.uk

Photo / Media Consent

Media Consent (Under 18s)

The local authority may wish to photograph or film various activities and the images taken may be used for display or publicity purposes, using various media.

For any young person, **under the age of 18**, it is necessary for us to obtain parental/guardian consent for images to be used in this way. You can give consent by signing the declaration below.

I give permission for images of the young person named on this form to be used for display and publicity purposes.

X Signed

Relationship to the young person

I grant the above permission on the understanding that the images and videos will not be used in a manner that is detrimental to the young person.

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