





This section to be completed by  
Parent/Guardian

## Parental Consent

|                                    |  |
|------------------------------------|--|
| <b>Parent(s)/Guardian(s) Name:</b> |  |
| <b>Address:</b>                    |  |
| <b>Contact Number:</b>             |  |
| <b>Email Address:</b>              |  |

|                               |  |
|-------------------------------|--|
| <b>Doctors Details: Name:</b> |  |
| <b>Address:</b>               |  |
| <b>Contact Number:</b>        |  |

|   |  |
|---|--|
| <b>Alternative Contact Details: Name:</b> |  |
| <b>Address:</b>                           |  |
| <b>Contact Number:</b>                    |  |

I, the parent/guardian of:....., hereby give permission for her/him to register as a member of the club/project.

I understand that the granting of membership is on condition that he/she will adhere to all club/project rules and that failure to do so could result in immediate withdrawal of membership.

I also understand that I am also consenting for him/her to attend the KDYS Annual Events (Youth Day, Youth Factor, Games Day and Youth Forum).

From time to time, KDYS may contact me with information that may be relevant to me in my role as parent/guardian and will forward it to me.

KDYS personnel will only use my child's personal mobile number to contact him/her regarding KDYS activities, venues and times.

My son/daughter may access the Internet whilst on premises as part of their identified youth work programme of activities. While every effort will be made to do so in a supervised capacity, there may be occasions where they may not be supervised.

KDYS feels that it is important to recognise the achievements and successes of our youth and of the organisation and often use the local press to communicate this. For this purpose my son/daughter may be photographed/videoed for club/project and traditional/digital media purpose.

In the event of illness or accident, having parental responsibility for the above named child, I give permission for first aid to be administered where considered necessary by a trained first aider if available and/or medical treatment to be administered by a suitably qualified medical practitioner. However, I understand that every effort will be made to contact me as soon as possible.

**Signed:** .....  
*Parent/Guardian*

**Date:** .....

Note: A new consent form will be adapted for any out of the ordinary programme events i.e. trips away and forwarded to the parent/guardian.

**For Office Use Only:** Received by: .....  
KDYS Staff member/Volunteer

Date: .....