



COGS Youth Climbing Consent Form 2019

29th April 2019

Young Person's name:

Date of Birth:

Address:

Allergies/Medical/Behavioural Conditions:

Medication:

Will your child need any help in taking their medication during this event? (Please give details.)

Anything else to be aware of:

Transport Details (Who is dropping you off / picking you up?):

Parent/Guardian Name:

Phone number:

Email address:

Additional person to contact in event of emergency

Name:

Relation to child:

Contact number:

I give permission for photographs of my child from this event to be displayed by COGS

Please read the following declaration carefully and sign at the bottom:

In the unlikely event of illness or accident I give permission for any necessary medical treatment to be given, including over the counter painkillers (e.g. paracetamol and ibuprofen).

In an emergency and if I am not contactable, I am willing for my son/daughter to receive hospital/dental treatment, including anaesthetic if necessary. I understand that every effort will be made to contact me as soon as possible.

I understand that every effort will be taken to ensure the safety of my child, but I am aware of the risk involved in this activity and that my child will be responsible for following rules and instructions given by staff. I confirm that my child is capable of following given rules and instructions and behaving appropriately.

I understand that this event is taking place in a public location at which COGS Youth will do everything possible to ensure the safety of my child, but that they cannot be responsible for the behaviour of others present outside of the COGS Youth group.

I confirm that the details about my child stated above are correct, and I consent to my child taking part in the COGS Youth Climbing evening.

Signed:.....Date:.....

Print name: