



## PARENT/GUARDIAN CONSENT FORM

Young person's name: .....

### Parent/guardian contact details

This form is to enable you to provide formal consent for your child to take part in Southwark's youth elections 2012. Please complete it as fully as you can.

Name: .....

Address: .....

..... Postcode: .....

Telephone: .....

Mobile: .....

Relation to young person: .....

### Emergency Contact Details

In case you are not available in the event of an emergency, please provide details of an alternative contact who we can speak to about the young person in your care.

Name: .....

Address: .....

..... Postcode: .....

Telephone: .....

Mobile: .....

Relation to young person: .....

# BIG YOUTH VOTE 2012

**Declarations:**

I have read the information supplied by the organisers and give permission for the young person named above to participate in the Southwark Youth Mayor/UK Youth Parliament Elections 2012 (please circle). Yes                  No

I give permission for Southwark Youth Council to collect and store personal data about the activities in which the young person participates for monitoring purposes. I understand that the data will be held in line with the Data Protection Act 1988 (please circle). Yes                  No

In the event of an accident or emergency, I give my consent to the medical treatment of my child if necessary whilst he/she is taking part in election activities (please circle). Yes                  No

**Does your child suffer from any medical conditions, such as allergies, asthma, diabetes etc?**

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**Is your child currently taking any form on medication?**

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**Are there any activities in which your child should not take part?**

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**Please indicate any special dietary requirements your child may have:**

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**Is there any other information regarding your child of which staff should be aware?**

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<p><b>Name (block capitals):</b> .....</p> <p><b>Signature:</b> ..... <b>Date:</b> .....</p>
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