

Youth Consent Form
Smithton-Culloden Free Church of Scotland
Murray Road, Smithton, Inverness IV27YU

(please print clearly)

(Child's Name)

(Date of Birth)

(Parent or Guardian Name)

(Parent or Guardian Email)

(Home Phone)

(Work Phone)

(Mobile Phone)

(Address)

(Town/City)

(Post Code)

(Emergency Contact Other than Parent or Guardian)

(Relation)

(Phone Number)

MEDICAL INFORMATION

(Current Medications and Dosages – If None, Write “None”)

(Allergies – If None, Write “None”)

(Medical History – If None, Write “None”)

(Name of GP)

(Phone)

EXPLICIT CONSENT AND RELEASE OF LIABILITY

I, the aforementioned parent or legal guardian of the above named child, consent to the following:

- My child may take part in off-site or overnight trips under appropriate supervision of a representative of the Smithton-Culloden Free Church of Scotland Youth Fellowship (YF).
- Photographs and/or video footage of my child taken at YF events may be used in publicity materials for YF, including the church website, YF website, and YF social networking sites (Bebo and Facebook).
- My child may receive medical treatment in the event of illness or injury.
- My child is not able to participate in the following specific activities: (for example: swimming)

Furthermore, I want to express my appreciation for the church, its staff, and its lay leaders for giving their time and resources to organise events and trips for my child. This authorisation and release is effective for one (1) year from the date signed. My child and I have read, understood, and will fully comply with the rules and guidelines for off-site and overnight trips.

(Parent or Guardian Signature)

(Child Signature)

(Date)