



CONSENT & APPLICATION FORM

This form has been produced for Parents / Guardians of young people attending a Dreadnought Centre to complete with regard to any emergency that may arise during their time with Dreadnought.

I (Parent / Guardian)

Please print name in capital letters

hereby give my permission for a responsible member of the Dreadnought team to seek emergency treatment in respect of :

..... (Name of young person)

Please print name in capital letters

should an accident happen whilst attending Dreadnought.

Emergency Address:

Emergency Contact Number:

Doctor's Name and Surgery:

Health Background: i.e. Allergies or any medication:

Signed: Date :

.....

Parent / Guardian

If any of the above details change i.e. medication, could you please let us know as soon as possible.

*A Charity working
with children and
young people*



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Charity No. 270486

“ WHAT ABOUT US?” 2011

| | | |
|---|---|----------------------|
| YOUNG PERSON: _____ | DATE OF BIRTH: _____ | |
| ADDRESS: _____ _____ _____ | <input type="checkbox"/> M <input type="checkbox"/> F | |
| POSTCODE: _____ | PHONE: _____ | MOBILE: _____ |
| EMAIL: _____ | | |
| PARENTS / CARERS: _____ | | |

INFORMATION FROM PARENTS/ CARERS - why you feel your young person would benefit from joining this project.

AGREEMENT PARENT/CARER – I agree that _____ can attend all the sessions arranged for this project.

I confirm that I have discussed this with my child.

I confirm that I have read the information for application for “What about us?”

SIGNED: _____ **DATE:** _____