

PARENTAL CONSENT FORM



Anything written on this form will be held in confidence.
The leaders need to know these details in order to meet the specific needs of your child.

Event/Activity: Regular video conferencing with young people in place of youth work activities.

Date & Time: 2nd & 4th Sunday each month @ 7pm, starting 13/09/2020.

Venue: Online via Zoom.

Leader in Charge: Laura Kelly – 07803289722/ laura-craig1@hotmail.co.uk

Child's Details

Child's Full Name: _____ DOB: _____

Address: _____

Name of Parent/Guardian : _____

Relationship to Child: _____

Phone Number (including code): _____ Home: _____ Mobile: _____

Parental Consent and Authorisation

I note the arrangements and give consent for the young person named to take part in the above-mentioned event/activity.

Please indicate by underlining or highlighting how you/your young person would prefer to receive the login details for each Zoom meeting:

Youth WhatsApp Group OR Parental Email Address

Signature of Parent/Guardian: _____ Date: _____

Print Name: _____

Parent's email: _____