



Waterford & South Tipperary Community Youth Service

International Programmes Consent Form

(All questions must be answered – use N/A if not applicable)

W.S.T.C.Y.S. Project/ Group Contact Details

Project/Group/Club Name: _____

Project/Group/Club Address: _____

W.S.T.C.Y.S. Staff Contact Person: _____ Telephone: _____

Participant Details

Name: _____

Address: _____

Date of Birth: _____ Contact Number: _____

Parent/Guardians Details (to be completed for all participants under the age of 18 years)

Name of Parents/Guardians

1. _____ 2. _____

Address: _____

Contact Numbers: Mobile: 1. _____ 2. _____

Work: 1. _____ 2. _____

Emergency Contact Details (To be completed for all participants regardless of age)

First emergency contact must be member's next of kin (Please let us know if these details change)

1. Name: _____ Relationship to Member: _____

Mobile No: _____ Work No: _____

2. Name _____ Relationship to Member: _____

Mobile No: _____ Work No: _____

Physical or Mental Health Information (to be completed by staff with parents/guardian and participant if participant is under the age of 18 years; to be completed by staff with participants aged 18years and over)

I understand that in the event that my child requires or in the case of myself (being over 18 years), I require medical attention, all reasonable efforts will be made by staff to contact parents or Emergency Contacts at the contact numbers provided on this form. In the event that my child is or I am taken ill or injured during the period of this consent, I hereby consent to any emergency medical, surgical or dental treatment that may be necessary in a situation where parents or emergency contacts cannot be contacted for the purposes of giving consent at the time of treatment.

I hereby authorise W.S.T.C.Y.S. Staff Contact Person specified to communicate my consent to any treating medical practitioner.

I confirm that the medical details provided on this form are correct. I give consent to W.S.T.C.Y.S. Staff to have this medical information so that it may be used if necessary to protect my child or me (Over 18 years).

Medical Details

1. Does your child or do you have any medical conditions requiring treatment at present? YES NO

2. Is your child or are you currently on over the counter or prescribed medication? YES NO

3. Has your child or have you ever had:

Seizures	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
Diabetes	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
Asthma	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
Allergies	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>

4. Has your child or have you any medical history of which we should be aware for welfare & safety reasons? YES NO

5. Are there any medications that your child or you are allergic to and must not be prescribed? YES NO

6. Is there any reason why your child or you should not take part in physical activity or sport without medical approval? YES NO

If YES to any of the above, or if you are awaiting the outcome of any medical or clinical assessment for your child or yourself at this time, please give details here:

If there is any other condition not listed, which may affect your child's participation and which leaders should be aware of please give details:

G.P. Details:

Name: _____ Tel: _____

Address: _____

Any Additional Information

Please ensure you have provided us with all the data and information we require to ensure your child or you have the safest and most enjoyable experience on this programme. Please use the space below to include any additional information including any special needs or conditions that might impact on the trip (e.g. travel sickness, sleep walking, anxiety).

Declaration of Agreement & Consent

Please tick those you consent to:

1. I give my consent for my child named above, to participate in (specify programme)
2. I give my consent to any emergency medical treatment, including the administration of medication by a doctor/nurse/paramedic and/or first aid administered by W.S.T.C.Y.S. staff as and if required.
3. I give permission for my child or myself to be included in photographs or video recording while engaged in activities while on the programme. I also give my permission for such media to be used for promotional/ reporting purposes, including on W.S.T.C.Y.S. social media.
4. I understand that W.S.T.C.Y.S. takes seriously its obligations under Children First to put the welfare and safety of children and young people first at all times.

To be completed here by parent/guardian for participants under the age of 18 years

Signed: _____ Date: _____
Young Person

Signed: _____ Date: _____
Name of Parent/Guardian

To be completed here by participants aged 18 years and over

Signed: _____ Date: _____
Participant

If you require any further information, please feel free to contact us (details on page 1 of this form)

Please be aware that details gathered on this form will be used by staff to inform the risk assessment process necessary to ensure the safety of all participants.

In line with Data Protection, we are committed to protecting the personal information given on this form. By providing the information requested, you are giving us permission (consent) to use this information for Safeguarding, legal or regulatory purposes and we will use it for no other purpose without further consent unless mandated or required to do so under the Data Protection Act 2018 or equivalent legislation. If you have any questions, please contact a member of staff.