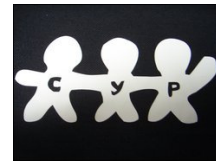


Coldstream Youth Project

"Gateway to Lifeskills"



Consent Form – After School Club

Name of child:.....Age:.....Date:.....

Use of photographs

I give consent for photographs to be used appropriately for advertising purposes:

CYP Site Local/National Newspaper CYP Brochure
(please circle those appropriate)

Movies/Games

I give consent for my child to watch the following category of film/play category of game (X-Box etc...)

U 3+ PG 12
(please circle those appropriate)

If your child wishes to bring in suitable movies, games or music to play and share with the rest of the group, all are welcomed with your permission. I's are not allowed in A.S.C. So can you ensure that your child does not bring them into the centre. Thank you

Application of First Aid

In the case of a minor fall or accident, I give consent for.....to have the following administered:

Antiseptic Wipe YES/NO Antiseptic Cream YES/NO
Plaster YES/NO Bandage YES/NO
OTHER YES/NO

Please state OTHER.....

Does your child have any allergies to any materials used in the first aid situation? YES/NO
If YES, what?.....

For your information

If your child complains of having a headache or becomes unwell during a session, our procedure is to ensure that they have plenty of water, something to eat and quiet time (lie down in the quiet area). If the child's discomfort is then unresolved, we then contact the parent/carer to collect the child.

If in the instance that you were not able to be contacted or that your child was away on an outing, where by administering a Paracetamol-based product was deemed necessary would you give consent? YES/NO

If YES, what product.....and quantity.....
If NO, what would you like us to do.....

SIGNED:.....DATE:.....
Name (print):.....Relationship to child:.....

End of Consent

www.coldstreamyouthproject.org

<p>Claire Knox Project Manager (Maternity Cover)</p>	<p>Coldstream Youth Project Coldstream Community Centre High Street Coldstream</p>	<p>Phone: 01890 883718 Office: 01890 883332 Fax: 01890 883332 E-mail: coldstreamyouthproject@btconnect.com</p>
---	--	--