



# Consent Form

to be completed prior to visiting Greenhill YMCA.  
(To be completed by Parent/Guardian if under 18)

## Contact Details

Group Name: \_\_\_\_\_ Date of Visit: \_\_\_\_\_

Childs Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Parent / Legal Guardian: \_\_\_\_\_

Relationship to child: \_\_\_\_\_

House number/name \_\_\_\_\_ Post Code: \_\_\_\_\_

Guardian Contact No: \_\_\_\_\_ Emergency Contact No: \_\_\_\_\_

## Medical/Health Details of child

Name of Doctor \_\_\_\_\_ Doctor's telephone no. \_\_\_\_\_

Medical number \_\_\_\_\_

Does the individual suffer from any known medical condition? YES / NO

Please give details - including any current medical treatment: \_\_\_\_\_

\_\_\_\_\_

Please give details of any allergies:

\_\_\_\_\_

Please give details of anything that could prevent the individual from participating in outdoor activities: \_\_\_\_\_

Please tell us about anything else we should be aware of to ensure we look after you / your child's well-being during the visit to our centre e.g. phobias, ?

\_\_\_\_\_

Please tell us about any special dietary requirements? (e.g. Vegetarian, nut allergy)

\_\_\_\_\_

By signing below you confirm that you / your child may receive any necessary emergency medical treatment. We will attempt to contact you in advance.

**Photography** - Your child may have photographs taken during activities which may be used in promotional material and publicity in conjunction with the programmes of Greenhill YMCA including its website. These images will be produced within the guidelines set out in our Child Protection Policy. Please tick the box if you **do not** give your permission for this

YMCA Ireland is truly committed to safeguarding the well being of its members, staff and volunteers, who should at all times show, and be shown, respect and understanding regarding their rights, safety and welfare. Further information on our Child Protection Policy can be obtained at <http://www.ymca-ireland.net/>

SIGNED: \_\_\_\_\_ (parent /guardian)

(Consent must be given by the person with Parental Responsibility)