



# Consent Form

<b>Participants Full Name:</b>		<b>Date of Birth:</b>	
<b>Preferred Name:</b>		<b>Pronouns:</b>	
<b>Address and Postcode:</b>			
<b>Contact Details:</b> (Name & Number)			
<b>Emergency Contact:</b> (Name & Number)			
<b>Details of Event/s:</b> (Tick if attending)	<b>Ludorati Board Game Café 14/2/23 <input type="checkbox"/></b> <b>Adventure Golf and Treasure Trail 15/02/23 <input type="checkbox"/></b>		

Any details we may hold of yourself or a young person are stored in a secured place and will only be used to ensure the safety and protection of an individual. None of your information is shared with external parties unless it is essential for Health and Safety or Safeguarding purposes.

**Please read and confirm the statements below:**

- I have read the information on the visit/activity and consent to taking part.
- I am able to swim a minimum of 50 metres (for water activities only)
- I consent to any emergency medical treatment found to be necessary during this visit/activity.
- I understand the NUH Youth Service **Acceptable Behaviour** policy (I.E. Young people will be required to follow staff instructions at all times. Failure to do so will result in not participating in the activity/trip)

**Please tick to consent to the optional statements below:**

- I consent in taking **photos/Videos** which may be used for case studies, social media and other NUH Hospital publicity.
- I consent to being included in Youth Service WhatsApp Groups.

<b>Name of Doctor:</b>			
<b>Doctors Address:</b>			
<b>Details of Medical Conditions/Disability/Allergies</b> (Please include any learning difficulties)			
<b>Current Medication:</b>			
<b>Dietary Requirements:</b>			
<b>Other Information that we need to know:</b>			
<b>Name/Signature: (if over 18)</b> <b>Name/Signature of Parent/Carer: (if under 18 yrs)</b>		<b>Date:</b>	

Please return any consent forms to the NUH Youth Service  
For further information contact [NUHYouthService@nuh.nhs.uk](mailto:NUHYouthService@nuh.nhs.uk)

