

APPENDIX 5

Parent / Guardian Consent Form

**To cover participation in the following event / meetings /activity held by the
Generation House Bissiang/Rüschlikon for Children/ Young People**

Name of event /activity/meeting

.....

Name of Child / Young Person:

Address:

Date of Birth

Gender (tick box as appropriate):

Male

Female

Contact Phone Number(s):

Other necessary information (e.g. special needs, diets or medical conditions)

Parent /Guardian contact details

1. Name

phone number:_____

Should there be a medical emergency

Should there be an accident or the child becomes ill, I give permission for medical treatment to be administered by a suitably qualified medical practitioner and/or hospital, where considered necessary. It is understood that every effort will be made to contact me as soon as possible. I can be contacted at the telephone number mentioned above should an emergency arise

I agree that the proceedings may be, on occasion, photographed or videoed and used for promotional purposes.

Signed / Date: _____

Name (block letters) _____

Relationship to Child/Young Person:

N.B. This form should also be signed below by the young person

Signed:

(Young person)