

DISCOVERY INITIATIVE

Helping the youths DISCOVER their hidden TALENTS for FULFILMENT.

PARENTAL CONSENT FORM

Please ensure all sections are filled out fully.

DETAILS OF PARTICIPANT (THE YOUTH)

Name	
Date of Birth	
Year in School	
Address 1	
Address 2	Post Code
Telephone/Mobile	
Email	

DETAILS OF PARENT/GUARDIAN

Name	
Relationship with participant	
Address 1	
Address 2	Post Code
Telephone/Mobile	
Email	

CONTACT IN CASE OF EMERGENCY

Name	
Relationship with participant	
Address 1	
Address 2	Post Code
Telephone/Mobile	
Email	

MEDICAL DECLARATION

I confirm that the participant is free from any MEDICAL condition, which could affect their safety or others at the training/event. **YES/NO**

I allow First Aid to be administered **if required**. **YES/NO**

Please detail any conditions/medication as appropriate below:

Is there anything else we should know? i.e. allergies, special dietary requirements etc:

PARENT/GUARDIAN DECLARATION

1. I hereby grant Discovery Initiative the right to use the images (video/still) resulting from photography/video coverage at the training/event mentioned above. This includes any reproductions or adaptations for the Initiative's publications, presentations or websites.
2. I give permission for my child/the child to whom I am responsible to take part in the training/event organized by Discovery Initiative.

Signed: _____

Name (print): _____

Date: _____