[add this consent form to your own organisation’s letterhead and fill in accordingly]

**[Sample] Consent Form for a Young Person aged under 18 (or aged 16 if living independently)**

This information is confidential to **[insert name of organisation]** and will only be shared in case of emergency.

This form is to cover all volunteering undertaken by:

Volunteer Name: Date of birth:

|  |  |  |
| --- | --- | --- |
| **In case of emergency please provide the following information.** | | |
| **Emergency Contact 1** | |  |
| Name | |  |
| Relationship to volunteer | |  |
| Tel (home) | |  |
| Tel (work) | |  |
| Mobile No | |  |
| Email | |  |
| Availability | |  |
| **Emergency Contact 2** | |  |
| Name | |  |
| Relationship to volunteer | |  |
| Tel (home) | |  |
| Tel (work) | |  |
| Mobile No | |  |
| Email | |  |
| Availability | |  |
| **Doctor’s Details** | | |
| Name |  | |
| Address: |  | |
| Tel |  | |

**Do any of the following disabilities, difficulties or health problems need to be considered?**

(please tick if relevant)

|  |  |  |  |
| --- | --- | --- | --- |
| Learning difficulty |  | Mental health issues |  |
| Learning disability |  | Physical disability |  |
| Sensory disability |  | Long-term or life-limiting illness |  |
| Multiple disabilities |  |  |  |

Tetanus Injection in last 5 years: Yes/No

(to volunteer with animals/environment an up-to-date tetanus is essential)

Allergies (please specify) ………………………………………………………..

Other ……………………………………………………………………………….

**Do we need to consider any medical conditions and treatments? (e.g. asthma, epilepsy etc):**

**Consent is hereby given for** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **to take part in any activity/volunteering organised by [organisation name]**

**Parent/ guardian/ 16 living independently**

Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Print Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: ­­­­­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I give my consent for photographs to be taken and understand that they may be used for publicity by us including on social media, websites and in newsletters *(you may like to have a separate media agreement if this will be a regular feature of this volunteering)*

**Parent/ guardian/ 16 living independently**

Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Print Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: ­­­­­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

In accordance with the 1998 Data Protection Act we will hold all details and they will be stored and only used for statistical purposes.



Registered charity No. 515538

Unit A, Tower House, Askham Fields Lane, Askham Bryan, York, YO23 3FS

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