

Event consent form

For participants under the age of 16

SJF 27A



Please complete and return this form to:

1. Participant details	
Surname:	Male / Female:
First name:	
Preferred first name:	Date of birth:
Home address including postcode:	
Home telephone no:	
SJA unit:	

2. Event details (to be completed by Event Organiser)
Event:
Location:
Date/Time from:
Date/Time to:
Outline of programme:

3. Event / Activity specific consent details (to be completed by Event Organiser)			
Please indicate your consent for the above young person to participate in the following activities:			
	YES		NO
	YES		NO
	YES		NO
	YES		NO
	YES		NO
	YES		NO

4. Use of photograph taken at the above event			
Authorisation is given to St John Ambulance to use images of the above named person taken at this event in accordance with St John Ambulance image guidelines. This material may be used for publicity purposes.			
	YES		NO

5. Consent details	
Please sign if you are happy with the statements below:	
<ul style="list-style-type: none"> ▪ I apply for the young person (as named on the form) to attend the event outlined hereon. ▪ I consent to the young person participating in the activities as outlined/detailed in the specific questions above. ▪ I confirm that I have parental responsibility for the young person named on this form 	
Signed:	Date:
Name in print:	