

# Event consent form

## For participants aged 16 –17

### SJF 27B



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 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 me 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 for young person aged 16-17 who is living independently				
Please sign if you are happy with the statements below:				
<ul style="list-style-type: none"> <li>▪ I apply to attend the event outlined hereon.</li> <li>▪ I consent to participate in the activities as outlined/detailed in the specific questions above.</li> </ul>				
Signed:		Date:		
Name in print:				
6. Consent details for young person living at home				
Please sign if you are happy with the statements below:				
<ul style="list-style-type: none"> <li>▪ I apply for the young person (as named on the form) to attend the event outlined hereon.</li> <li>▪ I consent to the young person participating in the activities as outlined/detailed in the specific questions above.</li> <li>▪ I confirm that I have parental responsibility for the young person named on this form</li> </ul>				
Signed:		Date:		
Name in print:				