



BTO Youth Event Consent Form

Event name:

Event date:

Event location:

Participant information

Participant name:

Participant age (on the day/s of the event):

Please provide details of any disabilities, health, or access needs (including allergies and medication) that are relevant to the event.

Please provide any additional information that will help make the event accessible for you/the participant (e.g. dietary requirements, requirements for a prayer space).

NOTE: Please label any medication with your/the participant's name and provide clear instructions for its use. If applicable, ensure that a spare, clearly labelled inhaler or epipen is brought to the event to be held by the first aider.



Emergency contact information

Name:

Telephone 1:

Telephone 2:

Email:

Address:

Relation to the participant:

Consent

I give permission for BTO to store this data in line with the privacy policy and to administer any medication (if applicable).

Participant signature:

Date:

I give permission for _____ to take part in this event and for the medication to be administered (if applicable).

Parent/guardian signature:

Date:

BTO takes your privacy seriously and will only use your consent to process your data in the specific ways listed in this document. We always treat your personal details with the utmost care and confidentiality, as outlined in [our Data Protection and Privacy Policy](#) and the details of your consent will not be shared with or used by any other party unless explicitly stated.

Where the term parent/guardian is used, this refers to the adult that has legal responsibility for this child.