



Medical and Permissions Form

Emergency Contact details

Members Name:

Members Email:

Members D.O.B./Age:

Name of Parent/Guardian:

Address:

Home Telephone Number:

Emergency Contact No:

Medical Information

Please tell us about any medical/dietary information you think we should know.

Please detail Doctor and Medical Practice information.

Photography and Film

BYT often record projects by taking photographs or filming events. Please let us know if you are happy for us to take photographs. The images will be used by BYT in reporting and in publicity- e.g. newspaper articles, the BYT websites and other webpages relating to the project.

ADULT CONSENTS AND PERMISSIONS FOR UNDER 18's

Complete permissions for the following:

I do/do not give (Please delete as appropriate) permission
for Leaders to seek professional medical help in case of emergency

I do/do not give (Please delete as appropriate) permission
The use of images in any appropriate report, display, article or film or website

I do/do not give (Please delete as appropriate) permission
To leave the premises at break times

I do/do not give (Please delete as appropriate) permission
For my/our email to be used for membership and circulation of appropriate information

Name and signature of Parent/Guardian

DATE: _____

By signing this form I agree to notify BYT of any changes to the information given above as soon as possible