**Under-18 Consent and Safeguarding Form**

**For Events Held in the UK**

**Event Details**

* Event Name:
* Date(s) of Event:
* Location:
* Organiser/Organisation Name:
* Event Safeguarding lead:
* Email & Phone:

**Participant Information**

* Full Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Age on Event Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Home Address:
* School/College (if applicable): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Parent/Guardian Information**

* Full Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Relationship to Participant: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Contact Number (Main): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Alternative Contact (Name & Number):
* Email Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Designated Adult Carer**

All persons Under-18 attending Co-operative Party organised events must have one (preferably two) designated adult carer(s) - parent, guardian or another nominated individual – who are responsible for them throughout the event, including knowledge of their travel arrangements to/from the venue:

* Carer (1) Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mobile tel: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

* Carer 2 Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mobile tel: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Medical Information**

Please provide details to help us safeguard your child’s health:

* Does your child have any medical conditions, allergies or disabilities? Does the child have any additional needs we should be aware of  
  ☐ No ☐ Yes (please specify):
* Does your child require medication during the event?  
  ☐ No ☐ Yes (please provide full details and hand medication to the Designated Safeguarding Officer on the day):
* GP Name and Contact Details (optional): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Dietary Requirements**

Please list any specific dietary needs (e.g. vegetarian, halal, allergies):

**Emergency Permissions**

In the unlikely event of a medical emergency:

* Do you give permission for emergency medical treatment to be administered by qualified staff or medical professionals if required?  
  ☐ Yes ☐ No

**Photography & Media Consent**

We may take photos or videos during the event for promotional or reporting purposes.

* Do you give permission for your child to be photographed/filmed and their image to be used by the event organiser in print or online?  
  ☐ Yes ☐ No

**Safeguarding and Behaviour Agreement**

By signing this form, I acknowledge that:

* The organisation has a Safeguarding Policy available on request.
* I have discussed appropriate behaviour and conduct with my child.
* I understand that poor behaviour may result in my child being sent home.

**Consent Declaration**

I confirm that the information provided above is accurate. I give permission for my child to participate in the event and accept the safeguarding arrangements in place.

Parent/Guardian Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_