

Emergency treatment / medication

In the event of your child having an accident which requires them to have emergency treatment, Ish'uze will use their best judgement to contact the emergency services where appropriate. I hereby give my consent to any measure which the medical officer in charge considers essential.

Parent Signature Date.....

Photographs

I hereby give my consent for (young persons name) to be photographed / videoed, and for these images to be used for educational and promotional purposes where appropriate.

Parents Signature Date

We would appreciate your support in encouraging your child to abide by the rules of Tweeddale Youth Action.

I have read and understand the rules of Tweeddale Youth Action

Parents Signature Date.....

Young Persons Signature

From time to time young people at Tweeddale Youth Action have the opportunity to take part in different events, conferences and activities. We sometimes need help in getting young people to these events. If you would be prepared to help by driving groups to events from time to time, please sign here:

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