



**2nd Emergency Contact Details & Medical Information**

Name: Relationship to young person:

Telephone: Mobile:

Are there any allergies, dietary requirements or medical information that we should be aware of:  
Yes No

If Yes, please provide details:

Are there any special needs or disabilities we should be aware of: Yes No

If Yes, please provide details:

**Parent/Guardian Consent**

**Please Read This Carefully And Sign To Give Your Consent**

I agree to any photographs or video footage taken by Matrix to be used in printed or digital  
publicity relating to Matrix or the Youth Club: Yes No (circle your choice)

In the event of an emergency, I give permission for my child/ward to receive emergency medical  
treatment if necessary: Yes No (circle your choice)

I confirm that all information provided on this form is correct to the best of my knowledge:

Parent/Guardian Name (Please Print): .....

Parent/Guardian Signature: .....

Date: .....