

Office Use Only:	
Received
Checked
Medical
ASN

Leave the museum unaccompanied:	
Yes:	<input type="checkbox"/>
No:	<input type="checkbox"/>

Consent Form for children and young people's workshops January – December 2017



Personal Details

Name of Participant _____

Parent/Guardian's name

Home Address _____

Age: _____ Date of birth: _____ Sex: Male/ Female

Does your child have any ASN needs Yes/No.

If yes, please give details _____

Medical Details

Do you suffer from any conditions requiring medical treatment, including medication?
Yes/No

If Yes, please give brief details including medication: _____

Are you allergic to any medication? Yes/No

If yes please specify: _____

Please state any allergies: _____

Name of Doctor and practice e.g. Dr. Anderson, Lerwick Health Centre: _____

Emergency Contact

If not available, please contact

Name: _____

Name: _____

Tel work: _____

Tel work: _____

Tel home: _____

Tel home: _____

Address: _____

Address: _____

Declaration

In order to ensure that we have permission for all the necessary areas I would appreciate if you could complete the following statements. Either agreeing or disagreeing and sign the bottom of the Declaration section as well.

	Agree	Disagree
My son/daughter to receive emergency treatment, including anaesthetic, as considered necessary by the medical authorities present.		

	Agree	Disagree
My son/daughter can leave the museum unaccompanied at the end of workshops		

Name _____ Parent/Guardian

(please print)

Signed: _____ Date: _____

Please Note: This form is shredded Jan 2016

**SHETLAND AMENITY TRUST
PHOTOGRAPH, VIDEO AND AUDIO CONSENT FORM**

A Charitable Trust set up to conserve and enhance Shetland's heritage.



Shetland Amenity Trust often takes photographs, video film and audio recordings for publicity purposes. These images appear in our printed publications, on our websites, or both. We may also supply them to the news media. Before taking any pictures or recordings, we need your permission. Please answer questions 1-3 below, then sign and date the form where shown.

1. May we use your image(s), or those of your child(ren) if under 18, in publicity material produced by Shetland Amenity Trust, including printed publications, videos and our websites?

Please circle **YES / NO**

2. We regularly send publicity material about our services, including photographs where appropriate, to the news media, especially the local press. Can we use your photograph, or your child's, in this way?

Please circle **YES / NO**

3. Individual or group audio recordings may be made by ourselves or external media outlets to be used for promotional/news purposes. Can you, or your child(ren), be included in this?

Please circle **YES / NO**

Please note that websites can be viewed throughout the world, not just in the United Kingdom where UK law applies. This form is valid for five years from date of signing.

Signature	Date
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Please print your name in capitals

For Office use

Event Photographed	Date