



VIBE CONSENT

YOUNG PERSON'S PERSONAL, MEDICAL, DIETARY AND ACCESS REQUIREMENTS

YOUNG PERSON'S NAME:			
Any conditions requiring medical treatment, including medication, allergies etc Please give details:			
Can you swim	YES	<input type="checkbox"/> NO	<input type="checkbox"/>
Are you water confident	YES	<input type="checkbox"/> NO	<input type="checkbox"/>

Young Person's Consent to activities with VIBE (PLEASE TICK THE BOX TO GIVE YOUR CONSENT)

VIRTUAL CLIMBING WALL	<input type="checkbox"/>	VIBE PROVISION/EVENTS	<input type="checkbox"/>
VIBE OUTDOORS	<input type="checkbox"/>	SKATE PARK	<input type="checkbox"/>

Please select when you consent for images of your child to be used.

- to be used within Vibe for display purposes which may be in or around Vibe facilities.
- for my child's photograph to be used in printed publications produced by or on behalf of Vibe.
- image/video to be used on media sites (e.g. Facebook, Instagram & Twitter)
- image/video to be used on our website.
- for my child to appear in the media should the occasion arise
- to be used in Learning Journeys/Records of Achievements belonging to them or to other children. (not on our electronic data recording system)

Any learning difficulties, disabilities and/or any special educational needs. YES <input type="checkbox"/> NO <input type="checkbox"/>
Please give brief details:

Have you or any person in your household had or have been exposed to Covid-19? Yes / No
Have you or anyone in your household had or have any symptoms of Covid-19? Yes / No (Persistent cough, high temperature, loss of taste)

CONSENTING SIGNATURE:	DATE:
YOUNG PERSON'S SIGNATURE:	DATE:

THANK YOU FOR COMPLETING THE FORM AND WELCOME TO

