Event name:

To the Legal Guardians of

The youth in your care has registered to attend our event. If they are to attend, we require the understanding and consent of their legal guardian.

**Description and Details of the Event**

Event:

Date:

Location:

Primary Contact for youth at the event:

Risk Profile: Low

We will take reasonably practicable steps to ensure the safety of all participants, and ask that all participants do the same.

- The event will include discussion, group activities, presentations and light refreshments

- A first aid kit will be available.

- Participants will be able to have their phones on them throughout the event.

**Consent forms and disclosures**

Please complete the forms to enable us to ensure that we can meet the specific needs of participants, and so we can respond appropriately in case of an emergency.

There are three forms to complete:

1. Medical disclosure

2. Consent to attend

3. Consent to use photos/video of your children in our media

Details of these forms will remain confidential to staff associated with the { }and will be stored securely. Please return these forms to **XXXXXXX** as soon as possible via email, but no later than midday, **XXXXXXX**.
If you have any questions or queries about anything in this document, please do not hesitate to get in touch.

Best wishes
**Name and contact of key contact**

**Medical Declaration & Emergency Contacts**

PARTICIPANT INFORMATION

 Full Name (as it appears on medical records)

 Address

 Mobile number

 Date of birth

EMERGENCY CONTACT INFORMATION

 Primary Contact Name

 Phone number

 Alternative phone number

 Secondary Contact Name

 Phone number

 Alternative phone number

● Please indicate below if the named person has a medical condition that influences their daily life, or could affect them whilst attending this event:

● Has the named person had any major injuries, surgery or illness in the last six months:

● Is the named person currently taking any medication? If YES, please provide details of the health condition, medication provided, dosage required, any other treatment needs.

● Does the named person have any dietary requirements?

Please tick;

󠇭 I have understood the medical declaration form and have declared all relevant information

󠇭 I will inform Amnesty International as soon as possible of any changes in the medical or other circumstances between now and the event

**Consent to use images**

*We use images and words of individuals in a number of our campaign and fundraising materials, both online and in hard copy. To this end we require your written permission for* Amnesty International Aotearoa New Zealand *(AIANZ) to use your child’s photographic/filmed image in association with material being compiled to promote Amnesty International’s work.*

I hereby give my unconditional permission to AIANZ to use my child’s photographic/filmed image and story for the purposes of promoting, publicising and advertising Amnesty International’s work in promoting human rights.

I understand the story/image(s) will remain the property of AIANZ and may be used in its publications, website, and other publicity material and I expressly authorise such use. I also understand and acknowledge that once this image/story is posted onto the AIANZ website, the image can be downloaded and may be viewed from other websites beyond Amnesty International.

I give express permission for AIANZ to crop or alter the image(s) as necessary. I acknowledge that the image(s) may also be included in the central Amnesty International Image Library for use by other Amnesty International Sections.

I hereby grant permission to AIANZ to use the story/ photographic or filmed images of my child as outlined above.

Ò You can identify this child by their first and second name as set out above.

Ò Please identify this child by first name ONLY.

Ò Please do not identify this child by name.

Ò I do not wish my child to be photographed or filmed

**Consent to Attend**

I have read the event information and I understand that there are always risks associated with events, and that these risks cannot be completely eliminated. I understand that AIANZ will identify any foreseeable risks and do all that is reasonably practicable to effectively manage those hazards. I understand that the youth in my care will be briefed on any relevant safety procedures and will do my best to ensure that the youth in my care understands that they should follow these procedures.

I understand that AIANZ does not accept responsibility for loss or damage to personal property.

By signing this form I consent to the above named person taking part in the events outlined and have received sufficient information on which to base my decision. I agree to their participation in the activities described.

I have, to the best of my knowledge disclosed information relevant to their attendance at the event and their well-being whilst participating within it.

Name:

Relationship to youth:

Signature: