



## **CONSENT & APPLICATION FORM**

*This form has been produced for Parents / Guardians of young people attending a Dreadnought Centre to complete with regard to any emergency that may arise during their time with Dreadnought.*

I ..... (Parent / Guardian)  
*Please print name in capital letters*

hereby give my permission for a responsible member of the Dreadnought team to seek emergency treatment in respect of :

..... (Name of young person)  
*Please print name in capital letters*

should an accident happen whilst attending Dreadnought.

Emergency Address:

Emergency Contact Number:

Doctor's Name and Surgery:

Health Background: i.e. Allergies or any medication:

Signed: ..... Date :  
.....  
*Parent / Guardian*

If any of the above details change i.e. medication, could you please let us know as soon as possible.

A Charity working  
with children and  
young people



DREADNOUGHT  
Carn Brea Lane  
Redruth  
Cornwall  
TR15 3DS

01209 218764

[jomcg@thedreadnought.co.uk](mailto:jomcg@thedreadnought.co.uk)

[www.thedreadnought.co.uk](http://www.thedreadnought.co.uk)

Charity No. 270486

## “WHAT ABOUT US?” 2010

<b>YOUNG PERSON:</b>	_____	<b>DATE OF BIRTH:</b>	_____
<b>ADDRESS:</b>	_____ _____ _____		
		<b>EMAIL:</b>	_____
<b>POSTCODE:</b>	_____	<b>PHONE:</b>	_____
		<b>MOBILE:</b>	_____
<b>PARENTS / CARERS:</b>	_____		

**INFORMATION FROM PARENTS/ CARERS** - why you feel your young person would benefit from joining this pilot project.

**AGREEMENT PARENT/CARER** – I agree that \_\_\_\_\_ can attend all the sessions arranged for this pilot project.

I confirm that I have discussed this with my child.

I confirm that I have read the information for application for “What about us?”

**SIGNED:** \_\_\_\_\_ **DATE:** \_\_\_\_\_