

# CONSENT & APPLICATION FORM for CREX 'CAN' 2009



**YOUNG PERSON:**

**DATE OF BIRTH:**

**ADDRESS:**

**EMAIL:**

**POSTCODE:**

**PHONE:**

**MOBILE:**

**PARENTS / CARERS:**

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

## **AGREEMENT PARENT/CARER**

I agree that I will do my best for my child to attend all the sessions arranged for this project.

I confirm that I have discussed this with my child, and that he /she wants to take part.

I confirm that my child has a sibling with disabilities (*Please provide details*):

**FORM OF DISABILITY:**

**KEY WORKER:**

**CONTACT:**

I confirm that the attending child **is not** diagnosed with a disability.

I confirm that I have read the information for application for CREX "Cornwall's Activity Network"

**SIGNED:**

**DATE:**

Fore Street, Lostwithiel,  
Cornwall PL22 0BP  
[www.creativeexpression.org.uk](http://www.creativeexpression.org.uk)  
[info@creativeexpression.org.uk](mailto:info@creativeexpression.org.uk)  
Phone 01208 871168

Registered Charity No.: 1108620



## EMERGENCY TREATMENT

*This form has been produced for Parents / Guardians of the young person attending an event organised by Creative Expression to complete with regard to any emergency that may arise during their time with Creative Expression.*

I ..... (Parent / Guardian *Please print name in capital letters*) hereby give my permission for a responsible member of the delivering team to seek emergency treatment in respect of :  
..... (Name of young person *Please print name in capital letters*) should an accident happen whilst attending a Creative Expression event.

EMERGENCY ADDRESS:

EMERGENCY CONTACT NUMBER:

DOCTOR'S NAME AND SURGERY:

HEALTH BACKGROUND i.e. Allergies or any medication:

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

SIGNED:

DATE:

We would like to share pictures of the children during the activities with the group. Please tick if you do **not** want us to distribute pictures of the young person.

We would like to use pictures of the young people during the activities to promote our work. If you do **not** wish us to use pictures of the young person, please tick the box.

Please return the form signed by post to  
Creative Expression  
4 Fore Street  
Lostwithiel  
PL22 0BP

Please contact:

[Imke@creativeexpression.org.uk](mailto:Imke@creativeexpression.org.uk) , TEL: 01218 871168 or  
[Graeme@creativeexpression.org.uk](mailto:Graeme@creativeexpression.org.uk) TEL: 01752 500912

For further details or **IF YOU NEED THIS IN ANY OTHER FORMAT**