

CONFIDENTIAL

**PARENTAL CONSENT & SPECIAL MEDICAL NEEDS FORM
FOR YOUNG VOLUNTEERS (Under 18)**

Name of volunteer

Volunteering role title.....

Organisation.....

Please complete the form below to indicate whether your child has any medical needs which you feel **may affect their volunteering placement.**

	Yes	No		Yes	No
Physical disabilities			Diabetes/Epilepsy/Asthma		
Learning difficulties			Other		
Allergies			Regular medication		

If you have answered YES to any of the above, please give further details particularly any restrictions or means of managing the situation advised by a doctor or any other specialist:

.....
.....

If the answer is 'Yes' to any of the questions above, the information will be shared with anyone supporting the volunteer to ensure that they have appropriate supervision.

Any other concerns you would wish brought to our attention:.....

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.....

I understand the type of volunteering that my child is taking part in and any associated risks. I understand that it is ultimately my responsibility to decide the suitability of the opportunity for my child.

I am willing for my son/daughter to participate in volunteering and will do what I can to support them to participate.

Signature of Parent/Guardian Date.....

Print name:

[Insert appropriate data protection statement here]