



## Consent Form

We/I \_\_\_\_\_ (Parent/Guardian) give my consent for my /our Son/Daughter to attend Edenmore drug youth service on a drop in or 1-1 weekly sessional basis or Youth aftercare group to receive support for individual's or family members experiencing drug and alcohol related difficulties or at risk of.

Parent/Guardian Name & Address

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Parent/Guardian contact number \_\_\_\_\_

Young Person Name \_\_\_\_\_

Young Person D.O.B. \_\_\_\_\_

Young Person- Medical conditions/ Allergies \_\_\_\_\_

Other Information \_\_\_\_\_

Signed \_\_\_\_\_ Date \_\_\_\_\_ (Parent/Guardian)

Signed \_\_\_\_\_ Date \_\_\_\_\_ (Parent/Guardian)