

Annex 2

Consent Forms

PERSONAL INFORMATION¹

Name and age:.....

Address:

Phone number:

Mobile number (if available):

Email address:

- Are you happy to take part in _____ (e.g. meeting /event /etc)?

☐ YES ☐ NO

- Do you have any allergies we should know about?

☐ YES ☐ NO

Please give details:

- Do you have any additional support needs you'd like us to know about (physical or learning disability, mental health issues, low confidence, difficulties with communication, things you find it hard to talk about)?

☐ YES ☐ NO

¹ Adapted from Eurochild Child Protection Policy. Retrieved from https://eurochild.org/uploads/2020/11/Eurochild_Child_Protection_Policy.pdf

Please give details:

- Is there anything extra we can do to make sure that you can come along and participate fully?

☐ YES ☐ NO

Please give details:

- Are you taking any medication we should know about?

☐ YES ☐ NO

Please give details:

- Do you have any dietary requirements?

☐ YES ☐ NO

Please give details:

- If you practice a religion, please tell us if there's anything connected to taking part in the event that we should know about:

IN THE EVENT OF EMERGENCY

Contact persons in case of EMERGENCY (It is very important you fill in this section fully)

Person 1:

Name:

Relationship to you:

Phone number:

Mobile:

Person 2:

Name:

Relationship to you:

Phone number:

Mobile:

- In the event of emergency, do you agree that you can receive hospital or dental treatment, including an anaesthetic?

☐ YES ☐ NO

Please give details:

MEDIA CONSENT FORM

Symplexis actively promotes its events and activities on its website and social media networks. We will publish photos and/or statements of participants to inform the public and decision makers.

- Is it okay for you to participate in visual documentation during (event)?
If you say it is ok, we might share photos, film, audio, writing or art on our website or social media; in our reports or leaflets; at our events; and/or in the promotion work we do to people around Europe.
☐ YES ☐ NO
- Is it ok for us to capture your voice in film, photos, audio, writing and/or art and to share this content in the ways listed above?
☐ YES ☐ NO
- Is it ok if we tell people your first name when we share this content?
You can still take part in Symplexis' activities even if you don't want us to tell people your name.
☐ YES you can share my first name ☐ NO you cannot share my first name
- Is it ok for you to talk to the press during (event) (including photos, television/video/camera coverage)?
All media interviews will be conducted in consultation with and in the presence of your accompanying adult and a Symplexis staff member. You have a right not to respond to any questions that you do not want to answer.
☐ YES ☐ NO

My Consent

Signature:

Date:

Parent/Legal Guardian Consent (if under 18)

This child/young person under 18:

- is allowed to participate in (event)
- is allowed to take part in media activities at (event)
- has been informed about the (event) goals, the voluntary nature of participation and anonymity in an age-appropriate way
- has been informed that they can refuse to participate at any time with no consequences

	<ul style="list-style-type: none">• is allowed to receive appropriate medical attention from a registered practitioner if at any time my child requires urgent medical attention, <p>Full name:</p> <p>Relationship to child/young person:</p> <p>Signature:</p> <p>Date:</p>
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