

**Consent form for young person participating in Young Carers Group**

Name of child: \_\_\_\_\_

1. I give consent for my child to participate in the above group.
2. I acknowledge that:
  - (a) My child will be under supervision of the staff of Lantern.
  - (b) I understand that at times my child may be transported during group activities by means of motor vehicle that will be driven by a staff member;
  - (c) I understand that some information will need to be recorded for data requirements, however the data will be for statistical purposes. I have been informed that information I provide will be treated in a confidential manner in line with Lantern privacy policy.
  - (d) I understand that due care will be taken and in the event of an accident care and treatment will be accessed as seen appropriate. Should I be unable to do so, I authorize Lantern (their staff and organisations sub-contracted by them) to consent to my child receiving any medical or surgical treatment as may be required, including blood transfusions and anesthesia. I also agree to pay any medical costs incurred by me.

I consent to the participation of \_\_\_\_\_  
in the above group.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(Signature of parent or guardian)

Signature of Witness \_\_\_\_\_ Date \_\_\_\_\_