



**Consent approval for  
Administration of First Aid**

**Name of Young person:** \_\_\_\_\_ **D.O.B:** \_\_\_\_\_

I give my permission to the staff of Pear Tree Projects Ltd who have been trained in the basics of first aid to administer first aid in the event of an emergency to the above named young person. I also consent to have a doctor/physician and/or emergency medical service provide treatment as required.

**Signed:**  
**(Young Person)**

**Date:**

**Signed:**  
**(Parent/Guardian)**

**Date:**

**Signed:**  
**(Social worker)**

**Date:**