



Parental Consent Form

Name of Young Person: Date of Birth: Age:

School attended: Date of Activity:

Doctor's name and address:

PLEASE COMPLETE THE SECTIONS BELOW

1. Please give your home address and telephone number. If you will be away from home during the activity, give an alternative address where you, a relative or friend acting for you, can be contacted.

Home Address	Alternative Contact if Required
Name:	Name:
Address:	Address:
.....
Postcode:	Postcode:
Tel:	Tel:
Mobile:	Mobile:

2. In your son/daughter's interest, it is important that the organising staff should know whether he/she suffers from any illness, disability or medical condition. Please space to state, in confidence, any health or other matter concerning your child of which staff should be aware. Please indicate here also if your child is receiving medication, with details and dosage, and/or has any specific dietary requirements. Please let the organising staff know if you child needs to have their inhaler close to hand during an activity.

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3. Please tick the box to confirm that your child can swim more than 25 metres, not being able to will not preclude your child from taking part in the activity. It helps the instructors to have an understanding of the abilities of the students, when planning sessions

PHOTOGRAPH CONSENT

4. As part of the work we do with young people occasionally take photographs or videos etc of various activities. These may then be displayed and published on our web site or used in other publicity to promote and celebrate the work.

Please tick the box if you **do not** want photographs etc of your child taken, displayed and published.

I have received and read details of the programme. I acknowledge that staff will be liable in the event of any accident only if they have failed to take reasonable care of my son/daughter during the programme, I give permission for my child to take part in the activity or an alternative activity where circumstances dictate that the original activity cannot go ahead i.e. poor weather.

I consent to my son/daughter receiving medical treatment, which, in the opinion of a qualified medical practitioner, may be necessary and I consent for them to be given a plaster/surgical tape to cover minor wounds by centre staff/instructors:

Signed: (parent/carer) Date:

Please Print Name: