



CONSENT FORM

[This information may also be obtained electronically, when it will be held on the Google shared drive with secure limited access.]

Child's Name: _____

Date of Birth: _____

SPECIAL NEEDS:

Please give details of any particular needs your child has to enable them to participate in activities.

PHOTOGRAPHS:

Photographs of activities may be used for publicity purposes. If you would prefer your child not to be included in such photographs tick the following box:

ELECTRONIC FORMS OF COMMUNICATION: ONLY to used for those aged 11 and over
Texting, 'WhatsApp' and Facebook Groups and email may be used to communicate to your child.
Please indicate that you GIVE YOUR CONSENT to this: Y/N [delete as appropriate]

MEDICAL DETAILS: medical conditions/allergies leaders should be aware of (*including any medication required*) _____

PARENT/GUARDIAN CONTACT DETAILS:

Address: _____

_____ Post Code: _____

Tel (home): _____ Mob: _____

Email: _____

ALTERNATIVE CONTACT DETAILS:

Name: _____

Tel (home): _____ Mob: _____

Email: _____ Relationship to you (*if any*) _____

PERMISSION:

I give my permission for the child named above to attend and take part in the activities we provide.
This includes trips to the local park, weather permitting.

Signed: _____ Name: _____ Date _____