



The Sayers Croft Environmental Educational Trust. Charity No:1055946. Tel: 01483 275541

PARENTAL CONSENT FORM

Please complete this form and return it to the Community Education Officer, Sayers Croft Trust. It will be treated with the strictest confidence.

Personal details of participant

Participant's name _____ Age _____

I give consent for my child to participate in the following event(s)

Contact address and telephone for parent/guardian

Name _____

Address _____

Home phone No. _____ Work/mobile phone No. _____

Alternative contact: Name _____ Phone No. _____

Does your child suffer from any illness, disabilities or allergies that we should know about?

Yes/No

Does your child require the routine use of medication?

Yes/No

Does your child require a special diet?

Yes/No

If you have answered Yes to any of these questions please give details and appropriate instructions on the reverse of this form. (Please note that if a child needs to take medication during an event this will need to be self administered.)

Name and surgery of family doctor _____ Date of last tetanus _____

I consent to my child receiving any necessary emergency medical treatment by a suitably qualified person during his/her participation at Sayers Croft.

Yes/No

I consent to my child taking part in supervised adventurous activities, with qualified leaders where they are specified on the course details.

Yes/No

I consent to my child travelling in the Centre minibus when appropriate.

Yes/No

I undertake to ensure that my child will be collected from Sayers Croft by

If this should be different for any reason I will inform the course leader.

Agreement

I undertake that my child will be adequately and safely equipped and clothed for the activities planned. This includes waterproof clothing, suitable footwear, suncream e.t.c. I accept that he/she may not be allowed to take part if the leader considers it unsafe. I understand that every effort will be made by the course leader to ensure the safety of my child.

In the event of illness or accident, I authorise the course leader to sign on my behalf any written form of consent required by hospital authorities if the delay required to obtain my own signature is considered inadvisable by the doctor or surgeon concerned.

Signed _____ **Parent/guardian** **Date** _____

Optional photo consent: From time to time we may take photos for publicity e.g. leaflets, local press. Only first names are used. If you are happy for your child's photo to be used please sign below.

I give consent for photographic images of my child/children to be used by Sayers Croft Trust for publicity purposes. I understand that such images will remain the property of Sayers Croft Trust and will not be used for any other purpose than to promote the Trust's work.

Signed _____ (parent/guardian)