

Activities your child is booked on - please keep this as a reminder

Activity	Venue	Date

THE CONSENT FORM BELOW SHOULD BE SENT WITH YOUR CHILD TO EACH ACTIVITY

Parental Consent Form - about your child

TAKE THIS FORM TO THE ACTIVITY

Name of son/daughter:	Date of Birth:	Age:
Address:		
Telephone No:	Mobile:	
Email:		
Does your son/daughter suffer and medical conditions, such as allergies, asthma, diabetes? (Please give details)		
Are there any activities in which your son/daughter should not take part?		
Is there any other information about which the staff should be aware of?		

ACTIVITIES MY CHILD IS BOOKED IN FOR

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PLEASE COMPLETE THE PARENTAL CONSENT OVERLEAF



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Parental Consent Form

I understand that while the staff in charge of the party will take all reasonable care of the young people, they cannot necessarily be held responsible for any loss, damage or injury suffered to or by my son/daughter arising during or out of the activity.

I (YOUR NAME IN BLOCK CAPITALS)

give my consent to the medical examination of my son/daughter when necessary whilst he/she is taking part in the activity. I request that any operation or any other measure considered necessary by a medical authority for his/her diagnosis and treatment shall be performed and I hereby give my permission for such operations or other measures to be carried out in an emergency only and for the administration of a general or local anaesthetic if necessary.

To spread the word about Positive about Young People, we are making a series of videos that will be filmed at many of our sites in the Warwickshire area. The finished videos and pictures will be used in an effort to increase both training and advertising across the County. We would therefore appreciate it if we could gain the consent of using images/pictures for the interests of promoting and recording the activities of Positive about Young People and Stratford-on-Avon District Council.

I do not wish for my child to be photographed or filmed for advertising or promotional purposes.

I have read the information supplied by the organisers and agree to my son/daughter taking part.(For participants under 18 years)

Signed (Parent/Guardian)

Stratford-on-Avon District Council will use the information you provide on this form for administration of Leisure Services Holiday Activities. The Council will only process this information for the purpose stated above or for a reason related to it. Your information will not be processed for a reason that is inconsistent with the District Council's notification under the Data Protection Act 1998 unless the law allows us to do so.

The Council would like to use the information that you provide to ensure that we are using your correct details for all the services the Council provide.

Please tick the box if you do not agree to this.

We may contact you during or after the programme for evaluation purposes.

FURTHER COPIES OF THIS CONSENT FORM CAN BE DOWNLOADED FROM www.stratford.gov.uk

TAKE THIS FORM TO THE ACTIVITY DO NOT SEND IT TO THE COUNCIL