



## Parental Consent Form

We are delighted that your son/daughter will be attending the events we have planned. This form, which we ask you to read and sign, gives us sufficient information about your child for us to ensure they have a safe and positive experience, and is cared for appropriately in the event of an accident.

All our leaders running the events have been DBS checked. There is a qualified First Aid / Safety Officer on duty at all times. Drivers of vehicles are fully insured and qualified. The UEC Public Liability Insurance policy covers all the activities of our events.

Please complete this form and hand it to your Youth Leader before the event or on the day.

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Name of child: ..... Age: ..... DOB: .....

Address: .....

.....Postcode: .....

**Name(s) of Parent / Guardian / Carer:**

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**Phone:** .....

**Mobile:** .....

School your child attends: .....

Please give details of any health issues, medical conditions or allergies that affect your child, and any medication they are currently taking:

Please tell us any other information that you think may be useful to us in caring for your child:

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Please read the information below and tick the boxes and sign where indicated:

☐ I give permission for my child to take part in the events you are organising (I understand that the Leaders will take all reasonable care during the event, but I acknowledge the possibility that my child may for a short time be out of sight of a Leader).

☐ I give permission for emergency medical treatment to be carried out at an event if I cannot be contacted (this includes all transport, including transport to a medical facility if necessary).

☐ I give permission for official photographs / video to be taken of my child (please note, the UEC cannot be held responsible for photographs that the young people take themselves and which subsequently appear on social media).

☐ I give permission for my contact details to be kept on your database, to be informed of other events.

Signed: .....

Date: .....