



PC 10

Parental Consent Form

Name of Young Person..... Date of Birth .....Age.....

School attended ..... Date of Activity .....

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.

Sign.....Date.....

I consent to my son/daughter receiving medical treatment, which, in the opinion of a qualified medical practitioner, may be necessary.

Please tick the box to confirm that you consent for your child to be given a plaster / surgical tape to cover minor wounds: [ ]

Doctor's name and address

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I have read the information issued by the centre concerning Weil's Disease and I will ensure that my son's/daughter's Weil's Disease information sheet is kept safely.

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: .....

Post Code.....

Post Code.....

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 use this space to state, in confidence, any health or other matter concerning your child of which accompanying 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 apart 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 Suffolk County Council occasionally take photographs or videos of various activities. These may then be displayed to promote or celebrate the work.

Please tick the box if you do not want photographs of your child displayed [ ]

- 5. From time to time, Waters Sports centres may be visited by the media who will take photographs, film footage or carry out radio interviews. Young people will often appear in these images, which may be published in local or national newspapers, or on televised news programmes. Photos for the media and other publicity purposes may also be taken at events where our organisation is taking part.

Please tick the box if you do not want photographs taken of your child by the media [ ]



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