

CONSENT FORM

Activities to Include:

In order for your child to participate in these activities, it is essential that you complete and return this form supplying relevant information and consent as a Parent/Guardian.

I agree to _____ Date of Birth..../.../.....

Taking part in these activities. I am satisfied that he/she is in good health and that his/her health is adequate to cope with the activities and is not participating contrary to medical advice.

In the unlikely event of an accident occurring when I cannot be readily contacted, I give my permission to the Party Leader to authorise emergency medical treatment, including the use of anaesthetic if deemed necessary.

I give my permission for Knowsley Council & KPAC to use any **photographs or videos** of my child for whom I have parental responsibility, taken during the time he/she are receiving a service, for the following purposes:

- Reports, newsletters, websites and newspaper articles for distribution to the general public, other agencies, funders, reports, evaluators, and within KMBC and KPAC
- Display material at conferences and exhibitions;
- Presentations at conferences and training events

Name of Parent/Guardian: _____

Signature: _____

Relationship to Child: _____

Address: _____

Date: _____

ContactNo: _____

Please give a second name and telephone number:

Name: _____

Tel No _____

PLEASE NOTE: It is crucial we are able to contact one of these two numbers in the event of an emergency.

If your child has any medical conditions that may need taken into account, Please give details including Blood Group (if known), allergies or whether your child suffers from diabetes.

The following information will assist the Party Leaders in caring for your child.

1. Special dietary needs
2. Does he/she suffer from... any of the following?

Asthma Hayfever Diabetes Epilepsy

Any allergies? (E.g. Penicillin) _____

Current Medical Condition _____ Blood Group