

**PARENT/GUARDIAN CONSENT FORM – SAPMPLE -**

The document is only a guideline and should only be used in an appropriate context.  
*Please note: the person who has completed this form may be contacted for health and safety reasons,*

**Activity:** \_\_\_\_\_

**Please return this form to:** \_\_\_\_\_ **By:** \_\_\_\_\_

**YOUNG PERSON**

First name:

Date of birth: \_\_\_\_\_ Age: \_\_\_\_\_

Address: \_\_\_\_\_

Postcode: \_\_\_\_\_ Phone: \_\_\_\_\_

**PARENT / GUARDIAN**

First name: \_\_\_\_\_ Surname: \_\_\_\_\_

Relationship to above named: \_\_\_\_\_

Address: \_\_\_\_\_

Postcode: \_\_\_\_\_ Phone: \_\_\_\_\_

Emergency contact no: \_\_\_\_\_

**EMERGENCY CONTACT DETAILS**

Contact name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Postcode: \_\_\_\_\_

Home phone: \_\_\_\_\_ Other phone: \_\_\_\_\_

**Please provide the following information for your son/daughter/ward**

**DIETARY NEEDS**

Does he/she have any special dietary needs? **Yes/ No**

If yes, please provide details: \_\_\_\_\_  
\_\_\_\_\_

**HEALTH INFORMATION**

Has he/she been in contact with any infectious illness in the last 21 days? **Yes/ No**

If yes, please provide details: \_\_\_\_\_

Date of last anti-tetanus injection: \_\_\_\_\_

Does he/she suffer from allergies or medical problems? **Yes/ No**

If yes please provide details: \_\_\_\_\_

Is he/she taking any form of medication? **Yes/ No**

If yes, please state name of medication, dose and frequency: \_\_\_\_\_  
\_\_\_\_\_

Does the trip leader need to supervise the taking of this medication? **Yes/No**

Does the trip leader/first aider need to administer this medication? **Yes/No**

Is he/she allergic to any medication? **Yes/No**

If yes, please specify: \_\_\_\_\_

**NOTE**

Any other relevant information on your child's health or diet which may require treatment/special attention (but which is not sufficient to prevent him/her joining the programme) must be stated below. Please indicate whether there are any activities in which your child should not participate for health reasons.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## DECLARATION

1. I have read the **information about the programme and understand** that if I have any queries I can discuss them with the staff at [www.cultureandarts.co.uk](http://www.cultureandarts.co.uk) Or by post: 11 Rosemont Road London NW3 6NG
2. I give my consent to my son/daughter/ward attending the programme.
3. I understand that while my son/daughter/ward are participating in the programme they will be **subject to the general code of behaviour** and will be required to obey the instructions and advice of youth workers and accompanying adults, otherwise they may be sent home if necessary.
4. I understand Culture and Arts will do everything in its control to **protect my son/daughter/ward's personal possessions** but cannot be held responsible for any loss or damage.
5. I understand that **Culture and Arts** are covered by the **information sharing protocols**. This means that information held by partnership agencies including the Police, Youth Offending Teams and the Education Department may be shared with the Project subject to the Data Protection Act.
6. My child is in good health to the best of my knowledge and I consider him/ her fit to take part in the programme.
7. \*In the event of an **accident or illness** I understand that every effort will be made to contact me but if this is impossible I authorise (the above named leader) to consent to any medical treatment including inoculations, surgery or blood transfusions from a qualified medical practitioner which in the opinion of the qualified medical practitioner may be necessary for my child in the course of the programme, or offsite activity.
8. There may be times when activities are **photographed / filmed** for recording of events or publicity purposes. If you do not wish photographs to be taken of your child/ren, please tick this box

By completing and signing this form **you are agreeing to the named Young Person participating in the arts and physical activities programme.**

Signed Parent/Guardian: \_\_\_\_\_

Date: \_\_\_\_\_

Please print name: \_\_\_\_\_

- Note The medical profession takes the view that parental consent to medical treatment cannot be delegated. This view is explicit in the Child Act 1989. Thus medical consent forms have no legal status and a doctor/nurse insisting on the co to particular treatment has the right to do. However, it can be a comfort to medical staff to have general consent in advance from parents.
- We would like parents to be aware that some subjects taught by Culture and Arts may be extremely physical activities. Culture and Arts will not be held responsible for any injuries suffered due to the pupils own causation.

**IF YOU HAVE GOT ANY QUERIES OR NEED ASSISTANCE IN COMPLETING THIS FORM,  
PLEASE CONTACT CULTURE AND ARTS on: [www.cultureandarts.co.uk](http://www.cultureandarts.co.uk) or call 0845 5390014**