



Parental consent form

September 2020

Description of the activity

Living River Foundation is running the following activities for children and young people.

Project Name :

Day/Date(s) of activity :

Location:

Type of activity/what the child or young person will be doing:

Details of individual taking part

1. Child or young person's details

Name:	
Home address:	
Postcode:	
Telephone number:	Email:
Date of birth:	



2. Parent or carer's details

Name:	
Home address:	
Postcode:	
Telephone number:	Email:
Date of birth:	

3. If there's an emergency, please contact (only fill in if different from the person named above):

Name:	
Home address:	
Postcode:	
Telephone number:	Email:
Date of birth:	

4. Child's medical details

GP:	
Address:	
Postcode:	
Telephone number:	Email:

5. Any extra help we need to provide (for example because of a disability):

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6. Do we need to know about any medical conditions or allergies? (If yes, please provide details for the condition(s) and any medication needed).

7. Is there anything else you think we should know?

Information for parents and carers

Living River Foundation aims to provide a safe and enjoyable experience for every child or young person. To help us do this, please note the following important information.

- All questions on the consent form must be completed and signed by the parent or carer before any child takes part.
- Parents and carers must ensure they notify us of any changes to the information given on the form.
- Parents and carers must make arrangements for children to be brought to and from the activity safely and on time. If a parent or carer is not able to collect their child, they need to let us know in advance who will be doing so.
- We cannot take responsibility for any damaged clothing and/or personal items during the activity.
- Parents and carers should ensure children have sufficient water, food, clothing, sun lotion and medication (where appropriate) for the duration of the activity.

I agree to (please tick):

- my child taking part in the stated activity
- Living River Foundation keeping a record of this form for health and



safety reasons

- any medical treatment that my child may need being given in an emergency
- my child being filmed or photographed during the activity, with the possibility that these photographs/media recordings may be used for publications or marketing publicity.

Note: if consent is not given, Living River Foundation will not use any images taken during the activity that contain the child/young person.

I understand that my child needs to follow the behaviour code and any safety rules so that Living River Foundation can keep them and other children safe.

Print name

Signature

Date

Child or young person

If aged over 12 years old Living River Foundation would like to know that children or young people acknowledge the choices they make in joining with the activity we have planned, and are aware of the Safeguarding officer.

I agree to (please tick):

- taking part in the activity
- talk to Richard Bain if I am not comfortable at any time during the activity so they can help me or arrange for me to do something else
- Living River Foundation keeping a record of this form so they have the information they need to keep me safe during the activity
- receiving any emergency medical treatment that I may need



being filmed or photographed during the activity. I understand that the photographs or film might be used to tell other people about what Living River Foundation does.

Note: If I don't agree to this, Living River Foundation will not use any images of me.

I understand that enjoying the activity and being safe means I need to follow the behaviour code and safety rules.

Print name

Signature

Date