CASE 4 - Parental Consent for an Activity

# Child’s Details

|  |  |
| --- | --- |
| Child’s Full Name:  |       |
| Date of Birth:  |       |

# Nature of Event / Activity

|  |  |
| --- | --- |
| Description:  |       *Specify details of the online arrangements for your group meeting* |
| Date: |       |
| Time:  |       |

# Emergency Contact Details

|  |  |
| --- | --- |
| Full Name:  |       |
| Relationship to Child/Young Person:  |       |
| Daytime Contact Number:  |       |
| Evening Contact Number:  |       |
| Mobile Number:  |       |
| Do you have parental responsibility for the child/young person?  | [ ]  Yes [ ]  No |
| If not, name and contact details for person with Parental Responsibility: |       |

|  |  |
| --- | --- |
| Full name:  |       |
| Relationship to Child/Young Person:  |       |
| Daytime Contact Number:  |       |
| Evening Contact Number:  |       |
| Mobile Number:  |       |
| Do you have parental responsibility for the child/young person?  | [ ]  Yes [ ]  No |
| If not, name and contact details for person with Parental Responsibility: |       |

# Code of Conduct

|  |  |
| --- | --- |
| I understand that all leaders and helpers will be expected to adhere to the Code of Conduct. | [ ]  |
| I acknowledge the need for my child also to behave responsibly and will ensure that this expectation to behave in accordance with the Code of Conduct for Young People is fully understood by my child. | [ ]  |

### Additional Emotional Needs

Does your child have any additional emotional needs, other than the usual needs of a child their age? For example, have they suffered trauma, have any fears or phobias, or any medical conditions that affect their behaviour?

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We will use this information to help responsible adults to support your child should any difficulties arise.

# Communication with child/young person (over 13 years only)

Please tick each method of communication with your child that you consent to. Where you consent to electronic methods of communication, please provide your own account address so that you can be copied into the correspondence.

|  |  |  |
| --- | --- | --- |
| Telephone |       | *Insert own account address* |
| Email |       |  |
| Facebook |       |  |
| Twitter |       |  |
| *Others to be added as required* |       |  |

# Statement of Consent

I give my express consent to my child, as named above, participating in the activities detailed in this form:

|  |  |
| --- | --- |
| Signature: |       |
| Parent/Carer’s Full Name:  |       |
| Date:  |       |