****

**Growing Confidence Parental Consent Form**

**To the parent or guardian**

Please complete a consent form for each of your young people and return by post to Shropshire Wildlife Trust, email to tomrj@shropshirewildlifetrust.org.uk or bring along to the first session.

**PERSONAL DETAILS OF YOUNG PERSON**

Name:.......................................................... Email:………………………………………

Phone number: ……………………………. Date of birth:..................................................

Contact address and telephone numbers for both parents/legal guardians:

Name: .................................................................

Address: .............................................................

............................................................................

Home tel no: .......................................................

Work tel no: .........................................................

Mobile tel no: .....................................................

Name: .................................................................

Address: .............................................................

 ............................................................................

Home tel no: .......................................................

Work tel no: .........................................................

Mobile tel no: .....................................................

Does your child have any illnesses, disabilities or allergies that may affect him/her when taking part in group activities? YES / NO

Does your child require the routine use of any medication? YES / NO

Does your child require attention to a special diet? YES / NO

If yes to any of these questions, please provide written details and appropriate instructions. (Please note that if a young person needs to take medication during Growing Confidence sessions this will need to be self-administered.)

…………………………………………………………………………………………………………………………….

……………………………………………………………………………………………………………………………..

……………………………………………………………………………………………………………………………..

Name of doctor: ............................................................................................................................

Address: .......................................................................................................................................................

................................................................... Tel no: .................................................................................

**PUBLICITY**

We would like to take photos and video during the sessions to use in our publicity materials. These images may then be used in publications produced by Shropshire Wildlife Trust, other Wildlife Trusts nationally, our partner organisations or in local or national media. Images may be displayed in print or online. In accordance with our child protection policy we will not permit photographs, video or other images of children and young people to be taken without the consent of the parents / carers and children themselves.

Please tick this box if you are happy for images of your young person participating in Growing Confidence activity to be used in publicity and publications by The Wildlife Trusts or by responsible partner organisations: 

Please tick this box if you would prefer that your young person’s photograph did **not** feature in any of our publicity or publications: 

**AGREEMENT**

I agree to let my child participate in the Growing Confidence programme, recognising that quality assurance procedures are in place to ensure activities are well planned and run as safely as possible. I undertake that I/my child will be equipped and clothed as requested for the activities planned. I accept that I/ s/he may not be allowed to take part if the leader deems it unsafe.

I understand that in the event of illness or accident that Shropshire Wildlife Trust staff considers requires medical attention, medical aid will be sought and all attempts made to contact parents and/or guardians. I understand that in the event of no contact being possible, it is the responsibility of a doctor to decide whether examination and subsequent treatment are necessary. This can effectively represent ‘consent’ and is assessed on clinical need and in adherence to strict guidelines. If they are deemed to fully understand the situation then young people under the age of sixteen may give their own consent to examination or treatment.

Signed (parent/guardian) ............................................Date............................................................

**DATA PROTECTION**

**Please tick appropriate boxes below**

I agree that information provided by me can be used by Shropshire Wildlife Trust and by the project partners for the purposes of running and evaluating the programme. 

I agree that Shropshire Wildlife Trust can store this information in accordance to their privacy and retention policy (please see website for details) 

I agree that you can contact me via email about future events or similar opportunities offered by one of the GC project partners –Shropshire Wildlife Trust, Field Studies Council and Fordhall Community Land Initiative 

Signed............................................................. Date.........................