



**PARENTAL CONSENT FORM**

**BIG DAY OUT 22 August 2017**

 **SOUTHEND-ON-SEA**

**PLEASE COMPLETE ALL QUESTIONS**

|  |  |  |  |
| --- | --- | --- | --- |
| Names of Children Attending | Date of Birth | Address | Are Travel Sick? (state Yes or No) |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

**Emergency Contact Details**

Phone Number (Mother) ............................................... daytime............................................... mobile

Phone Number (Father) ................................................ daytime ................................................ mobile

Other (state who) ......................................................... daytime ................................................ mobile

Do any of your son(s)/daughter(s) attending have any dietary requirements? YES / NO

If yes, please state who and give full details.

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

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

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

Do any of your son(s)/daughter(s) attending have any behaviour difficulties or issues? Please give full details to enable us to provide a good and safe day for them.

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

Do any of your son(s)/daughter(s) attending require any prescribed medication whilst on the Big Day Out?

If yes, please give full details (please note you will need to complete a medication consent form on the day of the trip and the medication must be given to the trip coordinator).

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

If you are happy for your son(s)/daughter(s) to feature in any record stories, photographs and/or videos of the day, please complete and sign the Story, Photo, Video Consent Form attached.





**PERMISSION STATEMENT**

I give permission for my son(s) and/or daughter(s) to attend the Big Day Out to Southend-On-Sea on // August (please circle selected date

In the event of my son / daughter requiring medical / dental treatment whilst attending the Ambition, Aspire, Achieve/Waltham Forest Community Transport outing, including treatment under general anaesthetic, provided that, in the opinion of a Doctor, any delay required to obtain my signature may endanger my son/daughter's health and safety, I consent to a recognised Ambition, Aspire, Achieve/Waltham forest Community Transport leader signing for such treatment on my behalf **YES / NO**

I understand that Ambition, Aspire, Achieve/Waltham Forest Community Transport will take all reasonable and proper precautions for the care and safety of my son / daughter and his / her personal property. I also understand that Ambition, Aspire, Achieve/Waltham Forest Community Transport will only be responsible for any injury/loss of personal property if this is caused by our negligence.

At defined times, young people may be allowed unsupervised time as a group e.g. Exploring a museum or to spend time in a different part of an activity centre. Do you consent to this? **YES / NO**

Signature ..................................................................... (parent/carer) Date ...............................................

**Please Return to:** Helen Tredoux

 Director

 Community Transport Waltham Forest

 Low Hall Deport, 42 Argall avenue

 Leyton

 E10 7AS

**Or scan and email to**: info@ctwf.co.uk

**By no later than: 17 August 2017**





**STORY, PHOTO, VIDEO CONSENT FORM - YOUNG PEOPLE**

Dear Parent/Carer,

We like to record stories, photographs and videos of The Big Days Out including the one your child will attend.

These stories, photos, or videos will be used to show other people our work, for example, in Waltham Forest Community Transport and Ambition, Aspire, Achieve literature, newspaper features, displays, videos or our websites or by our partners and supporters.

We would be grateful if you could tick the boxes that apply to your child, and fill in details. Thank you.

Childs Name ..............................................................................................................................

 I give permission for **photos or video footage** of my child to be used in East Community Transport and Ambition, Aspire, Achieve literature, newspaper articles, displays, videos and websites.

 I give permission for **my child's name** to be used by East Community Transport and Ambition, Aspire, Achieve.

 I give permission for **my child's story** to be used by East Community Transport and Ambition, Aspire, Achieve.

Name of parent/carer

Signed ....................................................................................................................................

Date .......................................................................................................................................