

Parental Consent Form for Activities



Details:

Please complete and return this form giving your consent for your child to take part in their chosen activity.

Unable to attend:

If your child is unable to make it to the activity, can you let us know with as much warning as possible so we can offer to others who may have missed out. However, we do understand if something happens last minute, but if you can let a member of staff know.

Transport:

If you struggle to get to activities, please contact us.

Activity Choice/s: *we cannot guarantee attendance to more than one activity. but will try too if we can.*

HAF Easter 2025

Parent/Guardians Email (Or young persons if necessary):

Name of child:

Date of birth:

	Yes (explain in these boxes)	No
FSM – Does your child receive free school meals?		
Medical Needs? i.e allergies, asthmatic, epilepsy etc?		
Learning Needs? i.e autism, learning difficulties etc?		
Food & Drink issues? i.e Intollerances, allergies etc?		
Other i.e transport issues etc		

Consent (delete which applies)

1. I would like my child to take part in this visit or activity and having read the information provided agree to him/her taking part in the activities described.
2. I consent to the necessary information about my child to be shared with hosting agencies, Staff, Volunteers or emergency services if necessary?
3. I consent to my Child being photographed or being filmed to promote Turning Heads and other hosting agencies? These photos may be used in Newsletters, Websites and Social Media.
4. I consent to any first aid or emergency medical treatment required by my child during the visit?

Signature of Parent or Guardian

Date:

Name of Parent/Guardian:

Address:

Telephone Number:

Family Doctor:

Last Tetanus Injection:

Turning Heads

admin@turningheads.org.uk

0781777739

The activities will take place from our site in Lime Avenue, Torquay, TQ2 5JL



SKILLS CENTRE

www.turningheads.org.uk



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