

CHILDREN'S SERVICES ACTIVITY PARENTAL CONSENT FORM

Please write in **BLOCK CAPITALS** and check all details are correct.

Lincolnshire County Council activities/events are carefully planned to ensure participants' safety. This form should be completed and signed by a parent/carer/legal guardian unless the participant is over 18 or living independently (proof will be required). All sections must be completed (write NONE or N/A if not applicable). For queries or concerns contact the worker/organiser on this form.

<p>Activity/event requiring permission: Youth Council 2020 events (towns/venues vary) which may involve walking to/between venues and low risk activities e.g. exit games, scalextric racing, park/beach activity, team building and leadership activities, cinema and visiting a town centre (all to be advised). Higher risk activities such as karting, high ropes and river activities all require additional, separate permission.</p>
<p>Youth Council dates and times: All 2020 dates (Saturdays) are approx. 11-4pm (may alter depending on travel and activity). Planned dates: 8/2, 21/3, 25/4, 20/6, 18/7, 29/8, 26/9, 17/10, 21/11</p>
<p>Name and contact details of organiser/lead worker: Graham Reeves, Rebecca Crooks, Andrew Garbutt participation@lincolnshire.gov.uk 01522 55519/20/23 and 07824803464 (A Garbutt work mobile)</p>
<p>Personal Details</p>
<p>Name of participant (child/young person attending):</p> <p style="text-align: right;"><i>One participant per form</i></p>
<p>Date of birth and age of participant:</p>
<p>Address:</p>
<p>Name of parent/carer/guardian (delete) and emergency contact number:</p>
<p>Second emergency contact: Name (relationship) and emergency contact number:</p>
<p>E-mail address(es) of parents/carers/guardians:</p>
<p>Medical and special considerations</p>
<p>Does the participant have any allergies/medical requirements (If yes, please state and include information on any medication and administering)?</p>
<p>Does the participant have any dietary requirements? (If yes, please state)</p>
<p>Is there anything else supporting adults need to be aware of (include possible behavioural issues/triggers)?</p>

Information

1. Activities are run by competent leaders. However, there is always an element of controlled risk involved
2. You are expected to notify the worker if medical or emergency contact details change
3. You are expected to notify the worker if the participant's fitness is in doubt prior to any activity/event (*it is they who will make a final decision on attendance*)
4. Lincolnshire County Council has liability NOT personal accident insurance (you will be notified if additional insurance is purchased)
5. Information about how we handle your data can be found on the website: <https://pre.lincolnshire.gov.uk/directory-record/62060/children-s-and-families-services->

 Circle whether you agree or disagree with the statements below...

Medical EMERGENCIES		
In the event of an emergency, you give permission for medical treatment to be administered, including anaesthetic and blood transfusions, as considered necessary by the medical authorities.	I agree	I disagree
Travel and transport		
Where transport is being arranged by Lincolnshire County Council, you give permission for the named participant to travel as agreed. <i>Staff to comply with policy and have risk assessments in place.</i>	I agree	I disagree
Media consent		
Photographs, video or audio files may be recorded of you, or children under 18, and used for publicity purposes by Lincolnshire County Council, or third parties. These files will be stored within the Council's Media Library for five years.	I agree	I disagree

Declaration by parent/carer/legal guardian

I give permission for my child/child I have legal responsibility for, to take part in the activity/event detailed overleaf.

Child's name:

 **Signature:** **Date:**

Print Name: Relationship to participant:

I do NOT wish my child/child I have legal responsibility for, to participate in the following activities: (e.g. face-painting)

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