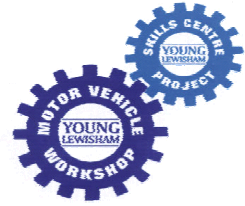


**YOUNG LEWISHAM PROJECT**  
124 Kilmorie Road  
Forest Hill  
London SE23 2SR  
Website: [www.younglewisham.org.uk](http://www.younglewisham.org.uk)  
Email: [info@younglewisham.org.uk](mailto:info@younglewisham.org.uk)  
Tel/Fax: 020 8291 9771



**Group Leader: Joan McHardy**  
*Please make a note of the above telephone number in case you need to contact us.*

## **Parental/Guardian Consent Form for Off-Site Activities**

### **Details of Young Person:**

Name..... Date of Birth ...../.../.....  
Address .....  
.....  
..... Post Code .....  
Home Tel No: ..... Young Person's Mobile .....

### **Outing Details**

The Young Lewisham Project offers formal and informal educational, vocational and recreational activities to young people. These activities could include the following:

Sailing, inland waterways activities, Off-Road Riding, Dry slope skiing, Ice skating, Paint-balling, Bowling, Museum visits Theme parks, Outdoor pursuits.

We would therefore ask you to sign and return this form giving consent for your child to take part in these (or other) activities as part of the programme run by the Young Lewisham Project:

(If there are any activities that you do not want your child to participate in please specify here:

.....

*I understand that, while the Young Lewisham Project staff in charge of the party will take all reasonable care of the young people, they cannot necessarily be held responsible for any loss of damage suffered by/to your child during the visit. All visits are covered by public liability insurance. Trips outside the City are usually covered by comprehensive travel insurance. Details of cover are available from the establishment upon request*

Signed ..... Date: ...../...../.....

Please print full name: .....

### **Important**

**All 3 pages of consent form must be completed in full, signed, dated and received before any child is allowed to attend outing.**



**Has your child received a tetanus injection in the last five years?      YES / NO**

**Is your child currently receiving or had any medical treatment that we need to be aware of?    YES / NO**

If so please give detail: .....  
.....

If you agree that in the case of an emergency, for your child to receive any emergency dental, medical or surgical treatment, including anesthetic, as considered necessary by the medical authorities present, please sign below:

**Signed: ..... Date ...../...../.....**

Please print full name: .....

(You may receive a telephone call or other contact in order to verify the validity of your signature. Thank you.)

**Photography/Video Consent:**

Your child is taking part in a programme that may involve photographs being taken or videos being recorded of them. We require your permission for these images to be used in publicity material.

(Parental/Guardian consent must be given if the young person is under the age of 16 years).

We would therefore appreciate if you could sign to consent for images to be taken on behalf of the Young Lewisham Project during activities to be used in publicity materials:

Signed: ..... Date: .....

Please Print Full name: .....

*A copy must be taken by the group leader on the journey and a copy should be retained at the project.*

<p><b>Explanatory Notes:</b></p> <p>This form serves several important functions:</p> <ol style="list-style-type: none"><li>1. It confirms your knowledge of and you agree to your child's participation in the planned visit.</li><li>2. It advises that the Young Lewisham Project will NOT necessarily be legally liable for every type of loss suffered by a child while on a visit.</li><li>3. It contains information about your child, together with your consent to medical treatment if required.</li></ol>
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