

YOUNG LEWISHAM PROJECT
124 Kilmorie Road Forest Hill London
SE23 2SR Website:
www.younglewisham.org.uk
Email: info@younglewisham.org.uk



Tel/Fax: 0208 291 9771

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. 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.

We take your privacy very seriously and will only use your personal information in accordance with attendance on a YLP programme. Your personal details are stored securely with access limited to designated staff for the purposes of carrying out their daily duties. We do not share your data with any third parties, with the exception of LB Lewisham's Youth First database as part of ongoing monitoring and reporting requirements. We do use statistical information we collect for the purposes of evaluation and evidence of need for current and future funding applications. You can request to review or delete any information we hold at any time.

Contact Information: Guardian Name:

Relationship to young person:

Day time telephone number

Evening telephone number

Mobile number (if different from above):

Alternative Emergency Contact (family member/friend):

Name:.....

Address:

Telephone Number

Relationship to young person:

Medical Details of Young Person:

Name of Family Doctor:

Name of Doctor's Practice:

Address:

.....

Telephone:.....

Does your child have any allergies? YES / NO

If so, please give details:

.....

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. These are used for accreditation purposes and on our social media platforms (facebook and twitter), our website and in YLP marketing/promotional material (such as newsletters, posters, leaflets, etc). No personal details are ever included and the use of this material will only be if consent is expressly given. All photos and other electronic material is stored on our password protected Google Drive. 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 18 years).

We would therefore appreciate it if you could sign to consent for images to be taken on behalf of the Young Lewisham Project during activities to be used as outlined above:

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.

Explanatory Notes:

This form fulfills several important functions:

- It confirms your knowledge of and you agree to your child's participation in the planned visit.
- 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.
- It contains information about your child, together with your consent to medical treatment if required.