

Parental Consent Form

**Please note there are 2 pages to this form, both should be completed with all boxes filled.
Trowbridge Future will not accept incomplete parental consent forms.**

YP Full Name:		Date of Birth:	
YP Preferred Name:		YP Pronouns:	
Does your child suffer from any allergies? E.g. Penicillin, Ibuprofen, Latex. Do they require any emergency medications such as an Epi-Pen? This also includes food intolerances such as Nuts, Wheat Gluten etc.		Yes <input type="checkbox"/>	No <input type="checkbox"/>
		Details:	
Parent/Guardian Names:		Home Tel No:	
Home Address:		Parent Mobile 1:	
		Parent Mobile 2:	
Postcode:		YP Email:	
Parent/Guardian Email:			
Emergency Contact 1		Emergency Contact 2	
School YP Attends			
Name:	Name:	Name:	
Relationship:	Relationship:	Tutor:	
Tel. No:	Tel. No:	Year Group/Class:	
Does your child have a Medical, Learning Disability or Mental Health diagnosis? If yes, please give details ...		Yes <input type="checkbox"/>	No <input type="checkbox"/>
		Details:	

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Does your child take any regular prescribed or homely remedy medications? If yes, please give details ...	Yes <input type="checkbox"/>	No <input type="checkbox"/>
	Details:	
Does your child have any safeguarding needs? E.g. Child in need, Social services involvement, vulnerability, historical safeguarding issues. If yes, please give details ...	Yes <input type="checkbox"/>	No <input type="checkbox"/>
	Details:	
First Aid Treatment:		
Do you give your permission for your child to be taken to hospital and/or receive first aid treatment in your absence if it is necessary and TF are not able to contact you immediately?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Photographers/Videos:		
Do you give your permission for photographs and videos to be taken of your child by an authorised individual when at TF youth clubs and all other events organised by TF? NB. - These images are likely to be used for our website, publicity materials and for press coverage.	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Trips & Off-Site Activities:		
Do you give your permission for your child to go off site accompanied by staff members during TF activities such as outside sports, walks or photography?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Independent Walks:		
Do you give permission for your child to go off site independently during TF activities such as walks, going to the park or to the shop? If yes, do you understand that your child is not our responsibility if they chose to leave the site without staff.	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Data Protection:		
The information supplied on this form will be kept securely and will only be used to other TF staff, if necessary, in accordance with the Data Protection Act 1998. Do you give permission for TF to store your child's information?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Use of Social Media:		
All club members should always behave responsibly and respectfully when online or texting. They should not post or discuss unfavourable comments about TF staff, volunteers, or other young people. Do you agree to the terms around the use of social media?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
CCTV & Security:		
For security purposes, our entrance and exit will be monitored by CCTV. This data is collected for 30 days.		
The information I have provided is true and correct; By returning this form, I agree to update TF immediately if any of the information provided changes.		Date
Parent Signature		YP Signature