

Parental Consent Form

For young people under 18 years old



This form is important. We cannot allow young people to take part in the activity named below unless this form is completed by a parent or other legal guardian.

ACTIVITY 1	Vision Abseil Training Session Saturday 6 June 2009 at Cadshaw Rocks, Bolton (meeting at St Mary's Church)
ACTIVITY 2	Vision 70ft Abseil Challenge Saturday 15 August 2009 at St Mary's Church Tower, Rawtenstall

Part one >> Young person's details

Full name:		Date of birth:	
Address:			
With whom does the young person live?			

Please indicate any illness or medical condition which we should be aware of:

Asthma	<input type="checkbox"/>	Epilepsy	<input type="checkbox"/>	Diabetes	<input type="checkbox"/>	Allergies	
--------	--------------------------	----------	--------------------------	----------	--------------------------	-----------	--

Other (please specify)	
------------------------	--

If medication is required, please attach brief details on a separate sheet (dose, frequency etc.)

Date of last anti-tetanus injection (if known)	
--	--

Name of family GP:		Telephone:	
Surgery address:			

Who should we contact in case of an emergency?

Name:		Telephone:	
Relationship to young person:			

PLEASE TURN OVER >>

Part two >> Consent

Please read the following statements carefully and then tick the relevant box.

1. I give permission for my child to take part in the activity described on this form. I understand that while involved he/she will be under the control and care of responsible adults and that, while the staff in charge of the group will take all reasonable care of the children, they cannot necessarily be held responsible for any loss, damage or injury suffered by my child during, or as a result of, the activity.

Yes	<input type="checkbox"/>
-----	--------------------------

No	<input type="checkbox"/>
----	--------------------------

2. In an emergency and/or if I am not contactable, I am willing for my child to receive necessary hospital or dental treatment including an anaesthetic.

Yes	<input type="checkbox"/>
-----	--------------------------

No	<input type="checkbox"/>
----	--------------------------

3. I give permission for a member of the Vision team to drive my child to/from the venue (if applicable).

Yes	<input type="checkbox"/>
-----	--------------------------

No	<input type="checkbox"/>
----	--------------------------

The activity may be photographed and/or filmed for promotional purposes, including display on Vision's websites which use 'YouTube' to share video clips.

Photos or video footage of young people is always used sensitively and in context, generally focussing on groups rather than individuals.

4. I give permission for my child to appear on promotional videos or photo galleries which may be viewed at Vision-related events or online.

Yes	<input type="checkbox"/>
-----	--------------------------

No	<input type="checkbox"/>
----	--------------------------

Please note: it is important that your child knows whether or not they can be filmed/photographed.

Please print your name and relationship to this young person (e.g. parent)

Signature:

Date:

Would you like Vision to save this information?

Vision can securely store the information on this form so that next time you'll have the option of signing a small consent slip instead of completing the whole form again.

YES – Please save this information

NO – I will complete a new form each time

Please return to: Vision, 2 Melia Close, Rawtenstall, BB4 6RQ