

PARENTAL CONSENT FORM

Child's Full Name: _____

Date of Birth: _____ Place of Birth: _____

Parent/Guardian Details:

Full Name: _____

Relationship to Child: _____

Address: _____

Phone Number: _____

Email Address: _____

Consent Details:

I, the undersigned, being the parent or legal guardian of the above-named child, hereby give my full consent for my child to participate in the activities and events organised by [INSERT ORGANISATION NAME]. I acknowledge that I have been informed of the nature of these activities and the associated risks. I accept full responsibility for my child's participation and confirm that my child is in good health and fit to participate.

Medical Information and Emergency Contact:

Please provide details of any medical conditions, allergies, or medication your child requires:

Emergency Contact Name: _____

Emergency Contact Phone Number: _____

Legal Declarations:

1. I confirm that I have legal authority to give this consent on behalf of the child.
2. I understand that the organisers will take reasonable care to ensure the safety and well-being of the child.
3. I agree to indemnify and hold harmless the organisers, their employees, agents, and volunteers from any liability, claims, demands, or costs.
4. I consent to emergency medical treatment being administered to my child if necessary.
5. This consent shall remain in effect until revoked in writing by me.

Data Protection:

The personal information provided in this form will be processed in accordance with the UK Data Protection Act 2018

and the UK General Data Protection Regulation (UK GDPR). The data will only be used for purposes related to the activities and will not be shared with unauthorized third parties.

Signatures:

Parent/Guardian Signature

Witness Signature

Print Name:

Print Name:

Date:

Date:

Signature: _____

Signature: _____

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