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**‘What I learn today,** **Prepares me for tomorrow.’**

Dear Parents/Carers

In order for your child to participate fully in the 24-hour curriculum and the activities we offer, we would be grateful if you could please complete the consent section below.

I give permission for ....................................……………………………. (Name of child) to:

|  |  |  |
| --- | --- | --- |
| **Activity** | **YES** | **NO** |
| Receive emergency medical advice or treatment (parent/carer would be contacted) |  |  |
| Have personal details and information released to medical professionals in the instance of an emergency |  |  |
| Have personal details and information released to local groups such as Youth Club – as a form of Registration |  |  |
| To receive emergency first aid by an appointed first aider if necessary |  |  |
| Have height, weight, blood pressure, temperature and pulse recorded regularly |  |  |
| Have their photo taken |  |  |
| Have their photograph published online |  |  |
| Be videoed |  |  |
| Access the internet for teaching and learning purposes (with supervision) |  |  |
| Go swimming |  |  |
| Paddle in the sea (with supervision) |  |  |
| Attend sporting activities and rebound |  |  |
| Attend local youth club sessions |  |  |
| Have face paints applied |  |  |
| Have nail varnish applied (girls’ group and pamper sessions) |  |  |
| Have make up applied (girls’ group and pamper sessions) |  |  |
| Use outdoor play equipment – in school setting and local play parks |  |  |
| Use public transport – supervised local bus service |  |  |
| Go on routine outings to local amenities\* |  |  |
| To participate in educational off-site visits\* |  |  |

\* list of regular locations and activities attached

**Thank you for completing this questionnaire.**

**Completed by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_      Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Relationship to Child/Young person: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Signature Head of Care: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_   Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**