**PARENTAL/GUARDIAN CONSENT FORM**

*All children must have a parental consent form completed before they can take part in a Birthday Party.*

Child’s name.......................................................................................Date of birth............................................................

Parent/Guardian name...........................................………………Relation to child.........................................................

Address...............................................................................................................................................................................

..........................................................................................................Postcode...................................................................

Tel..........................................................................Email...................................................................................................

Emergency contact details(if different from above) Emergency tel no...............................................................................

Name..............................................................Relationship to child....................................................................................

**DATA**

We’d love to keep you updated with our news, activities and appeals. If you are happy to hear from us please indicate the ways we can do so. We respect your privacy and will never sell your details.

 Post Email Phone

**Health and support needs**

Please list any health problems/allergies and details of any medication eg: Hayfever, food allergies, asthma, epilepsy.

………………………………………………………………………………….....

Has this child had a tetanus immunisation within the last five years? Please circle **Yes / No**

**Film, photograph, internet and email authorisation**

Please tick if you do not wish your child to be filmed or photographed

Please tick if you do not wish these photographs to be used for publicity purposes including:

Wildlife Trust newsletters/magazines The Wildlife Trust website Wildlife Trust Facebook

 **Declaration**
I agree to let my child participate in the Wild Birthday party, recognising that quality assurance procedures are in place to ensure that meetings are well planned and run as safely as possible. I undertake that my child will be equipped and clothed as requested for the activities planned. I accept that s/he may not be allowed to take part if the leader considers it unsafe. I understand that in the event of illness or accident that the Project Leader considers needs medical attention, medical aid will be sought and all attempts made to contact parents and/or guardians. I understand that in the event of no contact being possible, it is the responsibility of a doctor to decide whether examination and subsequent treatment are necessary. This can effectively represent ‘consent’ and is assessed on clinical need and in adherence to strict guidelines. If they are deemed to fully understand the situation then young people under the age of sixteen may give their own consent to examination or treatment.

Signed.......................................................Printed..........................................................Date.............................................