**Glow Education Project off-site Consent Form**

This consent form is for low risk activities which your young person may take part in during their time with Glow Education Project. This covers local visits such as library or other learning centres, local recreation grounds and local shops. If the young person is to engage in more challenging activities the appropriate paperwork will be sent to you in advance. You will need to sign and return the form to enable them to join in with the activity. If you have any questions about more challenging activities please do not hesitate to speak to one of the project workers.

Please, fill in, sign and date the form below if you are happy for your child;

1. To take part in Glow Education Project activities that take place off school premises; and
2. To be given first aid or urgent medical treatment during any Glow Education Project trip or activity.

|  |  |
| --- | --- |
| Day/date(s) of activity [if it is a regular activity you could list the day of the week and time it takes place]: | Wednesday afternoon’s 12.30- 2.00 pm |
| Location: | Lenton recreation ground |
| Type of activity/what the child or young person will be doing | Contact and non-contact sports such as football, rounders, cricket.  Other light exercise such as jogging, circuit training. |

|  |  |
| --- | --- |
| 1. Child or young person’s details |  |
| Name: |  |
| Home address: |  |
| Postcode: |  |
| Telephone number |  |
| Email: |  |
| Date of birth: |  |

|  |  |
| --- | --- |
| 2. Parent or carer’s details |  |
| Name: |  |
| Home address: |  |
| Postcode: |  |
| Telephone number: |  |
| Email: |  |
| Date of Birth |  |

Please complete the details below so we know who to contact in case of an emergency.

|  |
| --- |
| **1st Emergency Contact details** |
| Name: |
| Address: |
| Home number: |
| Mobile number: |
| Email: |
| Relationship to young person: |

Please give details for a 2nd contact in case the 1st contact is not available.

|  |
| --- |
| **2nd Emergency Contact details** |
| Name: |
| Address: |
| Home number: |
| Mobile number: |
| Email: |
| Relationship to young person: |

**Please note the following important information before signing this form:**

* If the young person is to engage in more challenging activities, the appropriate paperwork will be sent to you in advance.
* You can, if you wish, tell Glow Education Project that you do not want your child to take part in any particular school trip or activity.
* You have the right to withdraw your consent at any time.

**Important:** Please complete the medical information section below (if applicable) and sign and date below.

**Medical information**

|  |  |
| --- | --- |
| Child’s medical details |  |
| GP: |  |
| Address: |  |
| Postcode: |  |
| Telephone number: |  |
| Email: |  |

Do we need to provide any extra help, for example because of a disability, or are there any activities that your child cannot participate in?

Details of any medical condition that my child suffers from and any medication my child should take during off-site visits:

……………………………………………………………………………………………………………………………………………………………

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I agree to (please tick):

* My child taking part in the stated activity

* Glow Education Project keeping a record of this form for health and safety reasons
* Any medical treatment that my child may need to be given in an emergency
* My child being filmed or photographed during the activity, with the possibility that these photographs/media recordings may be used for publications or marketing publicity. Glow Education will take all steps to ensure these images are used solely for the purposes for which they are intended.)

Note: if consent is not given, Glow Education Project will not use any images taken during the activity that contain the child/young person.

I understand that my child needs to follow the behaviour code and any safety rules so that Glow Education Project can keep them and other children safe.

**Print name………………………………………………**

**Signed…………………………………………………………………………..**

**Date………………………………………………………………………………**