**A logo with text on it

Description automatically generatedParental Consent Form**

**To the parent or guardian**

Please complete a form for each child and email to [info@greatfen.org.uk](mailto:info@greatfen.org.uk) at least 24 hours before the event.To comply with our Codes of Practice and for your child’s safety, we require written consent from parents or guardians of all children under the age of 18 years of age taking part in this activity. **A completed consent form is essential for your child to attend.** *All information given here is strictly confidential.*

**Event information:**

* **Wildlife Trust BCN Activity**: Great Fen Wild in the Woods Easter Day Camp (please state this in the subject of your email).
* **Location of activity**: Great Fen Countryside Centre, Chapel Road, Ramsey Heights, PE26 2RS
* **Date**: Tuesday 9th April 2024.
* **Time**: Drop off 9.45 – 10.00am. Pick up 3.00pm prompt.
* **Event leader on the day**: Alison Chaves and Rebekah O’Driscoll, Communities and Education Officers.
* **For further information**: [info@greatfen.org.uk](mailto:info@greatfen.org.uk), 01487 815524
* **Emergency contact number only**: 07933 174052 (Alison’s mobile number)

**PERSONAL DETAILS**

Child’s name:

Child’s date of birth:

|  |
| --- |
| **Does your child have any medical conditions, allergies, mobility conditions or other additional needs that we should be aware of, including requiring 1:1 support at school?** Please email if you would like to discuss further. |
|  |
| **Please list any medication your child is currently taking and ensure that any emergency medication is carried with them if needed, in a bag marked with child’s name and clearly stating dose.** |
|  |
| **Does your child have any dietary requirements?** We may cook a campfire snack and provide drinks. |
| None Vegetarian Vegan Halal Gluten-free Other (please give details below) |
|  |

**Contact address and telephone numbers for two parents/legal guardians/responsible adults:**

Name 1: Name 2:

Address 1: Address 2:

Contact no. 1: Contact no. 2:

Email address: Email address:

**GOING HOME**

My child will be collected from the Wildlife Trust BCN event by

(name):

Or (name):

If normal arrangements should alter on the day, I will inform the event leader by calling the emergency number listed above.

**AGREEMENT**

* I agree to let my child participate in the Wildlife Trust BCN event: **Wild in the Woods Easter Day Camp**. I recognise that quality assurance procedures are in place to ensure events 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 they may not be allowed to take part if the leader considers it unsafe.
* I understand that if in the event of illness or accident the Event Leader considers medical attention is required, medical aid will be sought, and all attempts made to contact parents and/or legal guardians. I understand that in the event of no contact being possible, it is the responsibility of a medical professional 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, young people under the age of sixteen may give their own consent to examination or treatment.
* I understand that taking my own photographs or filming should be limited to images containing only my child.
* I agree to myself and my child avoiding all non-essential mobile phone usage during the sessions.

Signed (parent/guardian):

Date:

**DATA PROTECTION** We will use the data supplied aboveto maintain our records for communication & safeguarding purposes.