



**Parental – Guardian - Carer Consent Form**

**For the purposes of completing this form Community Support Team CIC will be known as CST**

|  |  |
| --- | --- |
| Child/Young person |  |
| Name |  |
| DOB |  |

|  |  |
| --- | --- |
| **Parent/ Guardian/ Carer** |  |
| Name |  |
| Relationship to young person |  |
| Address and Postcode |  |
| Phone |  |
| Mobile |  |
| Email |  |
| Known Medical Conditions/ Allergies of young person |  |

*Please list all prescribed medication below:*

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***Please indicate whether you have given your consent in each case by ticking the box on the right-hand side; and sign and date the form on the last page.***

*I give my permission for:*

|  |  |
| --- | --- |
| My child to be given first aid by a trained member of staff during any on-site or off-site activity |  |
| My child’s information to be shared with the NHS and any other relevant health professionals to allow suitable medical treatment to be provided |  |
| Plasters to be applied to my child by first aid trained member of staff |  |
| Sun cream to be applied to my child by CST member of staff.  *I agree to provide this with a label showing my child’s name. If sunscreen has not been provided, I give permission for CST members of staff to apply provided sun cream.* |  |

*I give my permission for my child to:*

|  |  |
| --- | --- |
| Use the internet in line with the CST acceptable usage policy |  |
| Take part in food preparation/cooking and tasting activities |  |

*Please outline any food allergies/specific dietary requirements:*

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**CST supported activities**

*I give my permission for my child to take part in:*

|  |  |
| --- | --- |
| Supervised activities eg. Swimming, Beach activities, Indoor Trampolining parks, Skate parks, Cycling and any other similar activities. |  |

*Please outline any activities you do* ***not*** *wish for your child to participate in below:*

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**Information sharing**

|  |  |
| --- | --- |
| For CST to share information with referrers and when we have a safeguarding concern this information will be shared in line with our safeguarding policy |  |
| For CST to liaise with other agencies involved in my child’s education, to provide and request information to assist with the appropriate programme of support. |  |

**Use of information and image (including photographs and video recordings)**

*I give my permission for my child’s:*

|  |  |
| --- | --- |
| Image to be used as part of any CST fundraising presentations |  |
| Image (non identifiable) to be used on the CST website, Facebook page or any other relevant internal media |  |
| Image (non identifiable) to be used in external media, e.g Local newspaper press release |  |

**Emergency release**

*I give my consent for my child to be released to the following person(s) in the event of emergency or illness, if I cannot be contacted:*

|  |  |
| --- | --- |
| **Person 1** | |
| Name |  |
| Address |  |
| Relationship to Child |  |
| Contact number |  |

|  |  |
| --- | --- |
| **Person 2** | |
| Name |  |
| Address |  |
| Relationship to Child |  |
| Contact number |  |

**Communication**

*I give my permission for CST to contact me via:*

|  |  |
| --- | --- |
| Phone |  |
| Email |  |
| Text message |  |

*The information in this form will be used throughout your child’s time at CST. You may withdraw your consent at any time by contacting us direct via telephone, letter or email .… contact@communtysupportteam.org*

Signed: ................................................................................ Date: ....................

Print name: …………………………………………………………………...

Community Support Team CIC

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