

PARENTAL CONSENT FORM

To the City of Bayswater workshop organisers:

- As parent/guardian, I give consent for the child/ren named below to attend the workshop on _____(DATE) at _____(VENUE/ADDRESS).

- The child/children is/are aged between 12-17 years
- I understand that the organisers have the right to contact me and require the collection of the child/children if their conduct or behaviour is considered to be unsatisfactory or disruptive.
- I undertake to accept responsibility for the child's/children's prompt and safe collection from the workshop venue by either myself or another person to whom I have given written authorisation (written consent must be provided to City of Bayswater prior to the workshop).
- I also give consent for medical treatment to be provided to the child/children at my expense in the case of emergency, and I detail below medical/allergy problems of which the organisers should be aware.
- I have advised the organisers of any medical conditions my child/children may have i.e. allergies and asthma, and have supplied the organisers with appropriate action plans.
- If my child/children has a medical condition/s, I have advised them that medications such as an EpiPen and asthma inhalers are to be near them at all times i.e. via a chest/belly strap and that they are to wear an allergy wrist band.
- I also agree that while recognising that every effort will be made to safeguard the child/children and their property, the organisers cannot be held responsible.
- Workshops are run by trained staff and facilitators who have been screened and determined suitable for child-related roles.

PLEASE ENSURE YOU COMPLETE THE TABLE BELOW

(Details to be used by the City of Bayswater only, not for distribution elsewhere):

Name of Child	Age of Child	Allergies/Medical Problems	Allergy/asthma Action Plan supplied (Y/N)

*Children from the same family may be entered on this form. However, if the child's SURNAME differs from that of the parent/guardian, please indicate in the table above.

Name of parent/guardian: _____

Relationship: _____

Telephone: _____

Mobile: _____

Thank you for taking the time to complete this form.



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Please sign your understanding and consent below:

Participant

Name: _____

Signature: _____

Parent/Guardian

Name: _____

Signature: _____

The parent/guardian may grant permission for photographs taken of the participant to be used by the City of Bayswater for publicity and promotional purposes:

Yes, I give permission for photographs of the participant to be used by the City of Bayswater for publicity and promotional purposes:

Thank you for taking the time to complete this form.