

PARENTAL CONSENT FORM



To the parent or guardian

Please complete a consent form for each of your children who wishes to volunteer with us and hand in at the volunteer induction. Your child will not be able to volunteer unless we receive this information. This form will be treated in the strictest confidence. Your child supervisor will be informed of key information if necessary please let us know of any information changes.

PERSONAL DETAILS OF CHILD

Name _____ Date of birth _____

Date of last anti-tetanus injection _____

Contact address and telephone numbers for parents/legal guardians

Name _____ Name _____

Address _____ Address _____

Daytime tel no _____

Daytime tel no _____

Mobile tel no _____

Mobile tel no _____

Does your child have any illnesses, disabilities or allergies that may affect his/her volunteering? Yes / No

Does your child require the routine use of any medication? Yes / No

Does your child require attention to a special diet? Yes / No

If yes to any of these questions, please provide written details and appropriate instructions.

Please note that if a child needs to take medication whilst volunteering with us this will need to be self-administered.

PUBLICITY

Whilst Volunteering with us your child may be asked to feature in local or national media or in publications produced by NWWT and The Wildlife Trusts. These might be print or online. Occasionally we are asked by partner or funding organisations (such as Government agencies or departments) to provide good images that help them promote a particular message. Typically individuals are not identified by name unless specifically requested at the event.

Please tick this box if you are happy for photographs of your child to be used in publicity and publications by NWWT and The Wildlife Trusts or by responsible partner organisations.

Please tick this box if you would prefer that your child's photograph did not feature in any of our publicity or publications.

AGREEMENT

I agree to let my child participate in the NWWT volunteer programme, recognising that H&S procedures are in place to ensure tasks 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 task officer considers requires 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 (parent/guardian) _____

Date: _____