Parental¹ Consent Form



This form will be treated in the strictest confidence and will be accessible only to the relevant members of DWT staff PERSONAL DETAILS OF CHILD OR VULNERABLE ADULT Name..... Date of Birth..... Contact address and telephone number for parent / guardian Name..... Address Home tel no..... Work / mobile no..... Does your child² suffer from any illnesses, disabilities or allergies that may affect him / her when taking part in group activities? Yes / No Does your child require the routine use of any medication? Yes / No Does your child require a special diet? Yes / No If yes to any of these questions, please give details and appropriate instructions. (Please note that if a child needs to take medication during the day this will need to be self-administered.) Name of child's doctor..... Address..... Tel no..... Date of last tetanus injection

(You are advised to ensure that your child has up-to-date vaccination against tetanus)

PUBLICITY

Dorset Wildlife Trust carry out a wide range of exciting activities, which is of interest both to our sponsors and to the general public. For this reason we may occasionally feature in either the local or national media, or for example in publications produced by Dorset Wildlife Trust and The Wildlife Trusts such as the membership magazine or the Trust's website.

Please tick the relevant box below:

I am happy for photographs and the name of my child to be used / printed in publicity and publications by Dorset Wildlife Trust and The Wildlife Trusts

I do not wish my child's photograph or name to feature in any publicity or publications

Parent here refers to parent, guardian or carer

² Child here also refers to vulnerable adult. A child is defined as any individual under the age of 18

GOING HOME PROCEDURE

Please tick the relevant box below: Either

□ I am happy that my child travels home on his / her own.

Or

I undertake to ensure that my child will be collected from an agreed meeting place by: (name & relationship to child if not parent).

Please tick to acknowledge agreement:

□ If this should be different for any reason, I will inform the Office team on Urban Wildlife Team – 01202 692033 or Brooklands farm – 01305 264620.

AGREEMENT

Please tick each box to indicate that you have read, understood and agreed to each of the following statements

- I undertake that my child will be adequately dressed and safely equipped and clothed for the activities planned. This includes waterproof clothing and footwear, suncream etc. I accept that he / she may not be allowed to take part if the event's organiser considers it unsafe.
- □ I understand that all reasonable efforts will be made by the event's organiser to ensure the safety of my child.
- □ I understand that my child is not insured by Dorset Wildlife Trust or any of its associates for personal accident while taking part in the event.
- □ I give my consent for my child to take part in practical conservation activities using 'nonedged' tools (such as spades, hammers, rakes and trowels) under adult supervision.
- I understand that my child can only take part in practical activities using 'edged' tools, (such as saws, loppers and secateurs) when accompanied and supervised by a parent / guardian.
- □ I understand that I will take responsibility for my child if I remain at the event.
- □ In the event of illness or accident, I authorise the event's organiser to sign on my behalf any written form or consent required by hospital authorities if the delay required to obtain my own signature is considered inadvisable by the doctor or surgeon concerned.
- □ I understand that the Trust has a Child and Vulnerable Adult Protection Policy and will seek to discuss any concerns with me regarding my child. However, in the unlikely event where the event organiser feels she/he needs to act without my immediate consent to protect my child, he/she will do so

Signed	Parent / Guardian (please circle)
Print name	G <i>i</i>
Date	

Dorset Wildlife Trust Brooklands farm, Forston , Dorchester, DT2 7AA Tel No 01305 264620