

**This is sample consent form which should be adapted to meet your organisation's needs**

**Activity / Excursion Parental Consent Form**

To be completed for ALL participants, with additional parent / guardian consent for young people under the age of 16 and all school trips

|   |  |
|---|--|
| <b>1. Group / School</b>  |  |
| <b>2. Excursion / Activity</b>  |  |
| <b>3. Date(s)</b>   |  |
| <b>4. Participants Full name</b>  |  |
| Male <input type="checkbox"/> Female <input type="checkbox"/> Prefer Not To Say <input type="checkbox"/> Other <input type="checkbox"/> _____ |  |
| <b>5. Participants full address:</b>  | Postcode: _____  |
| <b>6. Participants mobile number</b>  |  |
| <b>7. Participants Email (over 16)</b>  |  |
| <b>8. Parent / Guardian E-mail address (Under 16)</b>   |  |
| <b>9. Participants Date of Birth</b>  |  |
| <b>10. Participants Age</b>   |  |
| <b>11. Is the young person allergic to anything?</b>  | <input type="checkbox"/> YES <input type="checkbox"/> No |
| If Yes, please state the allergy and any assistance that may be required from staff if something was to go wrong.                             |  |
| <b>12. Is the young person currently taking any medication (including asthma)?</b>  | <input type="checkbox"/> YES <input type="checkbox"/> No |
| If Yes, please detail medication, dosage, frequency and any assistance that may be required from staff if something was to go wrong.          |  |

|  |                              |                             |
|--|------------------------------|-----------------------------|
| 13. Is the medication self-administered?     | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| Please detail medication, dosage & frequency |                              |                             |

|  |                              |                             |
|--|------------------------------|-----------------------------|
| 14. Is the young person prone to travel sickness?                                | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| If Yes, please ensure you seek to provide medication appropriate to their needs. |                              |                             |

|  |                              |                             |
|--|------------------------------|-----------------------------|
| 15. Does the participant have any medical or additional requirements, which may affect their ability to participate in the excursion / activity? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| If Yes, please detail, e.g., epilepsy, incontinence, hearing, vertigo, sleepwalking etc.   |                              |                             |

|  |                              |                             |
|--|------------------------------|-----------------------------|
| 16. Does the participant have any specific dietary requirements? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| If Yes, please provide details.                                  |                              |                             |

|   |                                       |
|---|---------------------------------------|
| 17. You must provide at least one Emergency contact that can be contacted BEFORE and DURING the activity. (Mandatory for both parents for Overseas Trips) PLEASE COMPLETE IN BLOCK CAPITALS |                                       |
| <b>Emergency Contact 1</b>  | <b>Emergency Contact 2 (Optional)</b> |
| Name:   | Name:                                 |
| Relationship to participant:  | Relationship to Participant:          |
| Full Address:   | Full Address:                         |
| Postcode:   | Postcode:                             |
| Telephone number during activity:   | Telephone number during activity:     |
| Alternative number:   | Alternative number:                   |

|  |
|--|
| 18. Swimming Ability – for water-based activities only.<br><i>Please TICK as appropriate:</i>  |
| <ul style="list-style-type: none"> <li>• The young person is able to swim in water unaided <input type="checkbox"/></li> <li>• The young person is a non-swimmer <input type="checkbox"/></li> </ul> |

|  |                              |                             |
|--|------------------------------|-----------------------------|
| 19. Is the participant allowed to make their own way home from the activity / excursion? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
|--|------------------------------|-----------------------------|

In most circumstances Parental Consent will be required regardless of the age of the child/young person. However, some organisations may allow participants over 16 to give consent themselves.

Below are some examples of wording that could be used to obtain consent.

**NOTE:** Your organisation may have a form of words that they require you to use, so you should check any requirements before drafting this section of your form.

### Example of wording for obtaining parental consent

| <b>Consent</b> <i>To be completed by Parent / Guardian of participants (under 16 or any participant on a school excursion)</i>  |  |             |  | Yes                      | No                       |
|---|--|-------------|--|--------------------------|--------------------------|
| I have been made aware of the risks involved, and insurance cover in place, for this excursion and consent to my child taking part in the activity / excursion.   |  |             |  | <input type="checkbox"/> | <input type="checkbox"/> |
| I am aware that there are expected standards of behaviour when participating in an excursion and understand that if my child behaves inappropriately, they may be removed from the excursion. In this instance I may be responsible for picking them up from the venue or/and paying for any additional costs incurred. |  |             |  | <input type="checkbox"/> | <input type="checkbox"/> |
| I consent to my child receiving emergency medical/surgical/dental treatment as considered necessary by the medical authorities.   |  |             |  | <input type="checkbox"/> | <input type="checkbox"/> |
| <b>PRINT NAME</b>   |  | <b>SIGN</b> |  | <b>DATE</b>              |                          |

### Example of wording for obtaining personal consent

| <b>Consent</b> <i>Over 16's self-completion. Check with organisation if this is permissible</i>  |  |             |  | Yes         | No |
|--|--|-------------|--|-------------|----|
| I have been made aware of the risks involved, and insurance cover in place, for this excursion and consent to taking part in the activity / excursion.   |  |             |  |             |    |
| I am aware that there are expected standards of behaviour when participating in an excursion and understand that if I behave inappropriately, I may be removed from the excursion. In this instance I understand that my parents may be contacted to pick me up from the venue or pay any additional costs incurred. |  |             |  |             |    |
| I consent to receiving emergency medical/surgical/dental treatment as considered necessary by the medical authorities.   |  |             |  |             |    |
| <b>PRINT NAME</b>  |  | <b>SIGN</b> |  | <b>DATE</b> |    |

### Example of wording for providing consent for taking and using photography/video

| <b>Data Protection</b>  |
|---|
| <p>Our organisation takes its responsibilities regarding the protection of personal privacy very seriously. As such, you can be assured that any personal data that you have shared will be held and processed in accordance with the requirements of the Data Protection Act 2018 together with UK GDPR. The service holds data about service users in the order to ensure that appropriate procedures can be enacted in the case of an emergency and to inform them and their parents/carers of service development.</p> <p>Where you have submitted personal data, such as contact details, postal address or a telephone number, the data will not be disclosed to any third party without your consent. You have the right to withdraw your consent and if you wish to do so or request an amendment of the data held, or to request the deletion of that data, please contact: <i>(add in your contact information)</i></p> |

| <b>If under 12 parents need to complete this section. Young people 12 and over should complete this section:</b> | Yes | No |
|--|-----|----|
|  |     |    |

For the duration of this excursion, I consent for images of me/ my child\* to be taken and used on social media or in publication and promotion – this may/may not\* include use by external partners.

Young Persons Signature (age 12 and over) \_\_\_\_\_

Parent/guardian Signature (if under 12)

\_\_\_\_\_  
\*delete as appropriate