

# Parental Consent Form (AA) for Onsite Activity Out of Hours

### Data Protection Act, 1998

The information that you supply on this form will be used by the Children and Families for the purpose of maintaining and improving the level of service given for young people within Sandwell MBC. All information is regarded as confidential and any data collected via this form will be processed or disclosed only within the limits of the data protection notification. Data may be shared within the Children and Families.

School/Group:

Out of hours clubs/  
activities:

Date(s) and times:

I consent to

Participating in all the clubs/activities listed above and described in the  
**accompanying letter/information sheet.**

### Medical Information about your son/daughter/ward:

Date of birth:

Does your child suffer from any condition requiring  
regular treatment?

Yes  No

If yes, please give details:

If you have answered yes, do you give your permission for  
the staff to administer the medication should this be  
necessary?

Yes  No

### Emergency Contact Details

I may be contacted by telephoning one of the following numbers:

Day:  Evening:  Mobile:

Home address:

Alternative Emergency Contact:

Name:

Relationship:

Telephone: Day:  Evening:  Mobile:

Address:

### Declaration

I have read the **accompanying letter/information sheet** and understand that I am agreeing to my son/daughter/ward participating in the activities as described.

Signed:  Parent/Guardian Date:

Print full name:

**NB: This form should only be signed by a parent or an individual who holds legal responsibility for the child concerned.**

After the activity this form should be retained in the Evidence File together with:

1. The Approval Form.
2. The Emergency Contact Form.
3. The Risk Assessment Form.
4. The Evaluation Form.