



Parental Consent Form

I confirm that I _____ am the parent/legal guardian of

_____.

I hereby consent to the above child participating in training, education, working in scenarios, and when trained taking the role of a First Aider in line with the Policies for Essex Community First Aid, Events Volunteers. I have provided contact details below and undertake to inform a trustee or the secretary of the charity of any changes to this information. I confirm that all details are correct and I am able to give parental / legal guardian consent for my child to participate in all related activities of the Essex Community First Aid, Events Volunteers.

I confirm that I have read the Child Protection Policy and undertake to abide by the obligations which it imposes on me as the parent/legal guardian of the above-named child.

I acknowledge that the charity is not responsible for providing adult supervision for my child except as set out in the Child Protection Policy. Parents / legal guardians are responsible for the safe travel to and from training and events.

Name: *(please print)* _____

Signature _____

Contact Details

Name of Child _____

Address _____

Parent's / legal guardian's Mobile Phone No. _____

Emergency Contact No. (1) _____

Emergency Contact No. (2) _____

Please also include all medical details that might be relevant in dealing in with your child in a safe manner, such as allergies, medication, special needs, etc.

Photographic & Video Consent

I consent/do not consent to the below mentioned child being included in any photographic or video material, in any publications/websites/social network applications which may be used for the purpose of documenting and highlighting their involvement in training or at events.

Name: _____

Age: _____

Signature: _____

Date: _____

Print Name: _____

State Relationship to child: _____

Phone No. _____

To contact a Trustee

Tel Ian 07989 272899 or email iandaveyecfaev@gmail.com

Tel Tina 07958 580810 or email tinaaddyECFAEV@virginmedia.com