



## Parental Consent Form

I confirm that I am the parent/legal guardian of

Name

Date of birth

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

Date

## 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 with your child in a safe manner, such as allergies, medication, special needs, etc.**

## Photographic & Video Consent

I consent/do not consent to the above 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.

(delete as appropriate)

Signed:

Date:

Print Name:

State Relationship to child:

Phone No.

### To contact a Trustee

Tel Ian 07989 272899 or email [ian.davey@ecfaev.org](mailto:ian.davey@ecfaev.org)

Tel Tina 07958 580810 or email [tina.addy@ecfaev.org](mailto:tina.addy@ecfaev.org)