

# PARENTAL AGREEMENT FORM

# 4.3

This form indicates the agreement of a parent, guardian or carer to give consent for their son or daughter to take part in a specific activity / project or visit organised and led by Hounslow's Integrated Youth Support Service.

It is important that our staff and partners are aware of any medical issues so they can take the correct action as quickly as possible. Your son or daughter will not be permitted to take part in the activity / project / visit unless our staff have a copy of this form signed by you.

The consent from can be used for more than one activity – just list all booked activities clearly at the top of the form. If you are posting this to us just send one. If you are giving this consent form to your son daughter to bring on the first day you will need to print out extra copies for each separate booked activity.

**Unfortunately, we cannot accept this consent form as an email or attachment – we need to have your original signature.**

Please return this consent form to 'Hounslow IYSS' at the Skills Centre, De Brome Building, 77 Boundaries Road, Feltham TW 13 5DT. For more information phone 020 85853 2912.

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## Parental Agreement Form (Category A)

1. Project / Activity / Visit to: \_\_\_\_\_
2. Dates: From: \_\_\_\_\_ to: \_\_\_\_\_
3. Full name of your child: \_\_\_\_\_
4. Date of Birth: \_\_\_\_\_
5. Ethnicity: \_\_\_\_\_ Male / Female
6. Home address: \_\_\_\_\_
7. Post Code \_\_\_\_\_
8. Tel No. \_\_\_\_\_ Emergency Tel No. \_\_\_\_\_

I, the parent/guardian of (name of child) \_\_\_\_\_

1. hereby give permission for my daughter/ son to participate in the project / activity / visit detailed above, between the dates shown, or between any other such dates (including an extension of time) as may be substituted heretofore;
2. note that neither the Local Authority nor any member of staff is liable for any claim or claims of whatsoever nature arising during the visit referred to above by virtue of the attendance of my daughter/ son except incidents arising from the negligence of the Local Authority or its servants;
3. warrant that the information given (overleaf) is correct to the best of my knowledge;
4. agree that any member of staff who may from time to time be in charge of the project / activity / visit may act on my behalf in all matters affecting or concerning my daughter/ son, including medical attention. I understand that all reasonable efforts will be made to contact me before taking any action but that in particular cases this may not be possible;
5. agree to the Local Authority making any further enquiries that it considers necessary to establish whether my daughter/ son is medically fit to participate in the project / activity / visit referred to above in the light of any information given overleaf. In the event of the Local Authority deciding, in its absolute discretion, that she/ he is not medically fit to participate, I understand that any sum paid by me in respect of any costs or expenses of the journey will be refunded to me in full (less a deduction covering administrative expenses and deposit).

### Medication

If your daughter/ son requires any medication during the project / activity / visit, it is your responsibility to provide the relevant medication in a suitable container, which is clearly labelled with her/ his name, the name of the medication, dosage and frequency to be given. An adequate supply must be provided to cover the whole of the trip, if necessary.

Please give the name, address and telephone number of her/ his General Practitioner.	
Please give your daughter's/ son's Medical Number (as shown on the Medical Record Card).	

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## Details of illness or hospital treatment

Please insert below details of any illness or hospital treatment suffered or undergone by your daughter/ son within the past two years or any pre-existing medical condition. If there are none, please mark 'None'.

Dates of illness or duration of stay in hospital (approximate if necessary)	Nature of condition or type of illness	Name and address of hospital (if appropriate)	Name and address of hospital consultant, doctor or surgeon

## Tetanus

Has your daughter/ son had an anti-tetanus injection within the past 10 years?	Yes	No
If <b>Yes</b> , please give approximate date:		

## Infectious diseases

To the best of your knowledge has she/ he been in contact with anyone suffering from an infectious disease during the past three weeks or has there been any infectious disease in the house during that time?	Yes	No
If Yes, please give details:		

## Known allergies

Please give below a list of substances including drugs, foodstuffs and other substances to which your daughter/ son has suffered an allergic reaction at any time. If she/ he suffers from Hayfever please state 'Hayfever' below.


## Asthma

Does your daughter/ son suffer from asthma?	Yes	No
If <b>Yes</b> : a) Is the condition stabilised?	Yes	No
If <b>Yes</b> : b) Has your doctor given approval for the trip?	Yes	No

## Photographs

Occasionally we take still or video photographs of young people taking part in projects / activities / visits to use for publicity, monitoring & recording purposes.

If you do NOT give permission to use / reproduce an image of your son or daughter tick this box:

**Signed:** \_\_\_\_\_ (Parent/ Guardian) **Date:** \_\_\_\_\_

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