

**CONFIDENTIAL
PARENTAL CONSENT FORM**



Activity: C&T youth theatre

Named child 1: **Date of Birth:**.....

Named child 2: **Date of Birth:**.....

C&T will not accept responsibility for a child without a completed Consent Form. Please return this form to C&T, University of Worcester, Henwick Grove, Worcester, WR2 6AJ. Thank you.

1. I agree that the named children may take part in the C&T activity as detailed above. If I am not the parent or guardian, I warrant that I have the authority of the parent or guardian to give this consent.
2. I understand that if I so wish, I may take out personal insurance covering the named children against accidents or loss which may occur through no fault of any supervising staff, and that such insurance is my responsibility. C&T holds public liability insurance.
3. I agree to medical and dental treatment given to the named children, including the administration of a general anaesthetic and to surgical operation in the case of emergency, in accordance with the recommendation of a qualified medical practitioner. *C&T will make every possible effort to contact you first in the event of such an emergency.*
4. I understand that once the session has ended at the stated time, I am responsible for my child and their safe conduct home from the session location
5. I understand that, from time to time, photographs may be taken during performances or workshops and agree that these may be used for publicity purposes or on our website. As part of our Child Protection Policy, children are never named or otherwise made identifiable. ***Please indicate your consent by marking the box:***
(Copies of C&T's Child Protection Policy are available on request.)

Signed:..... (Parent/guardian/carer) **Date:**

Your first name: **Your Surname:**.....

Address:

..... **Postcode:**.....

Contact phone: **Emergency phone:**.....

Doctor's Name: **Doctor's phone:**

Doctor's Address:

————— *Please ensure you have answered question 5* —————

Please write down any medical facts, including allergies, which we should know about if a named child requires treatment for illness or injury in your absence: