

PARENTAL CONSENT FORM

Venue: Bahá'í Training Centre, 45 Ploughley Rd, Lower Arcott, Bicester OX25 1NY

Please complete one form for each child under 18

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|--|-------------------------|
| Name of the administrative body/ Institution: | Name of Representative: |
| Junior Youth Animator or Children's class teacher: | Event & Dates: |

TO BE COMPLETED BY THE YOUNG PERSON'S PARENT / GUARDIAN

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| <p>1. Full Name of Young Person? _____</p> <p>Mobile number at the Event: _____</p> <p>Date of Birth: _____ Age: <div style="border: 1px solid green; width: 40px; height: 40px; display: inline-block; vertical-align: middle;"></div></p> <p>Home Address: _____</p> |
| <p>2. Name, Email and telephone number of Parent/Guardian/Carer (land line and mobile) ?</p> <p>Name: _____</p> <p>Email: _____</p> <p>Telephone number Carer (land line and mobile) _____</p> |
| <p>3. I advise you that the above child has the following medical condition(s) (e.g. asthma, hay fever, food allergy):</p> <p>_____</p> <p>Please give of any medication your child is currently taking or may need to take:</p> <p>_____</p> <p>Date your child last had a tetanus injection?</p> <p>_____</p> <p>Is there anything else you would like the organisers to know in relation to the well-being of your child for the duration of the event, including any special dietary requirements. If yes, please give details:</p> <p>_____</p> <p>Name of family doctor/GP, Telephone, Address:</p> <p>_____</p> |

4. In an emergency, please contact the person below if you cannot get hold of me (the parent/legal guardian):

Name: _____

Telephone: _____

PARENTAL CONSENT (PLEASE READ CAREFULLY & SIGN BELOW):

- ✓ I am the legal parent / guardian of this young person
- ✓ I consent to the above young person regularly attending the group and participating in the activities organised by and under the auspices of the above-named Bahá'í administrative body; its representative named above has explained to me the nature and scope of the activities the young person may be engaged in.
- ✓ I agree that you may exercise my parental responsibility for the duration of the group as you may consider reasonably necessary.
- ✓ I authorise you to seek medical attention for my child as you deem necessary in case of emergency or concern.
- ✓ I have been made aware that from time to time, additional teachers may conduct the group and that these will always have obtained clearance to work with young people.
- ✓ I consent to details of the group, including the name of my child, being kept confidentially in the Bahá'í records.
- ✓ I am aware that my child must be supervised by a responsible adult at all times, that my child must obey all instructions in force or given with respect to their safety and security arrangements at the venue, both indoors and outdoors.
- ✓ By my signature hereto, I undertake not to hold the proprietor liable for any injury, loss or damage which I or my child might sustain whilst neglecting the operational rules at the venue.

Please note: All participants under 18 years of age will be assigned mentors (DBS checked) of the same gender by the organising committee for the duration of the event.

5. Please put a **tick in the box if you have any objection to photographs and videos of your child(ren) being used in publicity materials**

Signature of Parent / Guardian: Date:

Date:

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Please Print Your Name:

Note to the Event Organisers only: Keep this form available at all times during the event in case emergency treatment is needed. After the Event this form should be returned to The National Spiritual Assembly of the Bahá'ís of the United Kingdom, 27 Rutland Gate, London SW7 1PD.

The organisers should also keep a photocopy or electronic copy for their records for THREE months. After that they can be destroyed.