



Parent / Guardian Consent Form

BBOWT Activity Location of activity

Date of activity Time of activity

BBOWT leader Contact number

To comply with our Codes of Practice and for your child's safety, we require written consent from parents or guardians for all children under the age of 18 years of age taking part in this activity. If you consent to your child attending, please complete the remainder of this form.

If you have any questions in this regard, please contact the event leader named above.

Child's name Date of birth

Parent / Guardian's name

Address
.....

Phone number (inc. Area code) Alternative Number

If your child suffers from any illnesses, disabilities or allergies that might affect her/him during the activities please give details below:
.....
.....

I understand that in the event of illness or accident that the activity leader considers needs medical attention, medical aid will be sought and all attempts made to contact parents/ guardians. In the event of no contact being possible, a doctor, following strict guidelines, will decide whether examination and subsequent treatment are necessary. If they are deemed to fully understand the situation then young people under the age of sixteen may give their own consent to examination or treatment.

I do (tick) / do not (tick) consent to my child being photographed for Berks, Bucks, Oxon Wildlife Trust internal publicity or local or national media.

COLLECTION ARRANGEMENTS IF APPLICABLE - PLEASE SELECT ONE OPTION:

1. I will collect the child myself (tick)

2. Named person will collect the child (tick)

(NB: Proof of identity may be requested)

3. The child will make their own way home (tick)

I consent to the above named child to participate in the activity described as indicated.

Signed (parent/guardian) Date