

Consent Form for After School Groups

This consent form covers all After School Groups delivered by the Children, Young People and Families Team. This form should be completed by a parent/guardian if you are under 18, before you are able to participate in any group activities provided by Middlesbrough and Stockton Mind Staff.

Failure to return a completed form means you will be unable to attend any groups organised by Middlesbrough and Stockton Mind

Please tick which Group your child would like to attend:			
Art		Mindfulness	

Please tick the following questions if you have had:	Please tick
a) Any symptoms of COVID-19	
b) Recently been in contact with someone who has symptoms of COVID-19	
c) If you have been contacted by the track and trace system and been told to stay at home	

Please note that all group activities will adhere to the government guidelines. If you would like to discuss our plans further please contact Sam Devon on 07714790382 or 01642 257033.

CHILD/YOUNG PERSON INFORMATION (to be completed by parent/carer)	
Name of the Child / Young Person	
Name of Parent / Guardian	
Home Address	
Telephone No.	
Date Of Birth	
Age	

EMERGENCY CONTACT	
Name of Emergency Contact	
Relationship to Child	
Telephone No.	

MEDICAL AND ALLERGY INFORMATION	
Name of Doctor	
Telephone No.	
GP Practice	
Does your son/daughter suffer from any conditions requiring special medical treatment,	

including medication? E.g. insulin, inhaler, tablets etc. If yes please give details:	
Does your son/daughter have any known allergies? E.g. nuts, milk, chocolate, penicillin etc.	

CONSENT

I **DO / DO NOT** give consent for a Middlesbrough and Stockton Mind employee to administer First Aid to my child, should it be necessary.

I understand that if an emergency occurs the Middlesbrough and Stockton Mind employee will break social distancing guidelines if necessary.

I acknowledge that I can request to see the risk assessment information and policies and procedures from the Service at any time.

I _____ consent to my child taking part in all the group activities.

RESPONSIBILITY FOR CHILD / YOUNG PERSON ARRIVING AND DEPARTING ACTIVITY

I acknowledge that Middlesbrough and Stockton Mind staff **DO NOT** have responsibility for my child prior to arrival or following departure from the group activities

Please tick

The name of the person my child will be dropped off and pick up by

PHOTOGRAPHIC CONSENT

At times, photographs may be taken for promotional or publicity purposes. If you **DO NOT** wish your child to be photographed or videoed, **YOU MUST** inform a member of staff.

I consent to my child being photographed

Please tick

Signed		Print name	
Relationship to child		Date	