## Banbury CAG - Parent/Guardian Consent Form

Please complete a consent form for each of your children and hand to any Banbury CAG volunteer. The form will be stored confidentially and destroyed once the child has stopped attending.

PERSONAL DETAILS OF CHILD	
Name:	Date of birth:
Contact address and telephone nu	umbers for two parents/legal guardians/carers:
Name:	Name:
Address:	
Address:	
Home tel no:	Home tel no:
Mobile tel no:	Mobile tel no:
Does your child have any illnesses Does your child require any medic Does your child require a special of	
	lease provide details and appropriate instructions. (Please note ation this will need to be self-administered.)
Tel no:	
activities to supporters. Your child	
Are you happy for photos of your o	child to be used in publicity? Yes / No
GOING HOME  Please tick:  I will ensure that my child will be	dropped off and collected from the activity by:
(names)	
OR  I am happy that my child travels Please note that Banbury CAG volthe activity.	home on their own lunteers will not be responsible for the children once they leave
AGREEMENT I agree to let my child participate in	n the Banbury CAG activities.
I accept that s/he may be sent hor	ne if they show unsafe or unacceptable behaviour.
	quipped and clothed sensibly for outdoor activities and weather s or possessions will not be the responsibility of the Banbury
made to contact parents/guardians	ness or accident, medical aid will be sought and all attempts s. In the event of no contact being possible, it is the responsibility mination and subsequent treatment are necessary.
Signed: (parent/guardian)	Date: