**Parental Consent Form**

**To the parent or guardian**

Please complete a form for each child and email to info@greatfen.org.uk at least 48 hours before the event.To comply with our Codes of Practice and for your child’s safety, we require written consent from parents or guardians of all children under the age of 18 years of age taking part in this activity. **A completed consent form received in advance of the event is essential for your child to attend.** *All information given here is strictly confidential.*

**Event information:**

* **Wildlife Trust BCN Activity**: Great Fen Wild in the Woods Summer Day Camp (please state this in the subject of your email).
* **Location of activity**: Great Fen Countryside Centre, Chapel Road, Ramsey Heights, PE26 2RS
* **Date (please choose)**: Wednesday 31st July 2024, Wednesday 14th August 2024, Wednesday 28th August 2024.
* **Time**: Drop off 9.45 – 10.00am. Pick up 3.00pm prompt.
* **Event leader on the day**: Rebekah O’Driscoll, Communities and Education Officer.
* **For further information**: info@greatfen.org.uk, 01487 815524
* **Emergency contact number only**: 07894 599017 (Rebekah’s mobile number)

**PERSONAL DETAILS**

Child’s name:

Child’s date of birth:

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| --- |
| **Does your child have any medical conditions, allergies, mobility conditions or other additional needs that we should be aware of, including requiring 1:1 support at school?** Please email if you would like to discuss further. |
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| **Please list any medication your child is currently taking and ensure that any emergency medication is carried with them if needed, in a bag marked with child’s name and clearly stating dose.** |
|  |
| **Does your child have any dietary requirements?** We may cook a campfire snack and provide drinks. |
| None Vegetarian Vegan Halal Gluten-free Other (please give details below) |
|  |

**Contact address and telephone numbers for two parents/legal guardians/responsible adults:**

Name 1: Name 2:

Address 1: Address 2:

Contact no. 1: Contact no. 2:

Email address: Email address:

**GOING HOME**

My child will be collected from the Wildlife Trust BCN event by

(name):

Or (name):

If normal arrangements should alter on the day, I will inform the event leader by calling the emergency number listed above.

**CODE OF CONDUCT**

**Look after yourself.**

* Arrive at each session on time.
* Dress appropriately for the task and weather. Details will be provided at time of booking.
* Follow the guidance and health and safety instructions given by Wildlife Trust staff and volunteers.
* Speak to a member of staff if you feel unwell, have any concerns or have any questions.

**Be kind to others.**

* Listen to others and be kind in your responses.
* Respect that we are all different and will have different ideas.
* Be supportive of others. We should all feel comfortable to speak our minds without judgement – there are no silly ideas.
* Be honest.

**Be kind to the environment.**

* Cause no harm to the site, wildlife or equipment.
* Take all rubbish home with you.

**Breaking our code of conduct**

Each incident will be looked at individually and a decision made on the severity. Anyone breaching the Code of Conduct will initially receive a verbal warning, but if the behaviour continues (or there are additional breaches of the conduct) they will receive a second warning and a parent/guardian will be contacted.

If necessary, Wildlife Trust Staff may ask a parent/guardian to collect you from the event early or that they join you for the remainder of the session.

*Continued…*

**AGREEMENT**

* I agree to let my child participate in the Wildlife Trust BCN event: **Wild in the Woods Summer Day Camp**. I recognise that quality assurance procedures are in place to ensure events are well planned and run as safely as possible.
* My child will adhere to our **Code of Conduct** at all times.
* My child will be equipped and clothed as requested for the activities planned. I accept that they may not be allowed to take part if the leader considers it unsafe.
* I understand that if in the event of illness or accident the Event Leader considers medical attention is required, medical aid will be sought, and all attempts made to contact parents and/or legal guardians. I understand that in the event of no contact being possible, it is the responsibility of a medical professional to decide whether examination and subsequent treatment are necessary. This can effectively represent ‘consent’ and is assessed on clinical need and in adherence to strict guidelines. If they are deemed to fully understand the situation, young people under the age of sixteen may give their own consent to examination or treatment.
* I understand that taking my own or my child taking their own photographs or filming should be limited to images containing only my child.
* I agree to myself and my child avoiding all non-essential mobile phone usage during the sessions.

Signed (parent/guardian):

Date:

**DATA PROTECTION** We will use the data supplied aboveto maintain our records for communication & safeguarding purposes.