



## Parent / Guardian Consent Form

All of the information on this form will be held in confidence. We need to know these details in order to meet the specific needs of your child.

I give permission for my child to attend Sleeping with the Sharks at the National Marine Aquarium.

**DATE OF SLEEPOVER: 30 September 2016**

**NAME OF GROUP ATTENDING SLEEPOVER: Bridestowe Scout Group / West Devon District Scouts**

**CHILD'S FULL NAME:** .....

**ADDRESS:**  
 .....  
 .....  
 .....  
 .....

**HOME TEL:** ..... **AGE:** .....

**DATE OF BIRTH:** ..... **MALE / FEMALE (Please circle)**

**EMERGENCY TEL (1):** ..... **(2):** .....

**IF UNAVAILABLE CONTACT:** .....  
**TEL:** ..... **RELATIONSHIP TO CHILD:** .....

**NAME AND TEL OF G.P.:** .....  
**CHILDS MEDICAL NUMBER:** .....

**DETAILS OF ANY KNOWN ALLERGIES, CONDITIONS, MEDICATION BEING TAKEN:**  
 .....  
 .....  
 .....

**ANY OTHER SPECIAL NEEDS, REQUIREMENTS OR DIRECTIONS THAT WOULD BE HELPFUL FOR THE HOSTS TO KNOW ABOUT:**  
 .....  
 .....  
 .....



In the event of illness, I give permission for the above named child to be given medical treatment to be administered where considered necessary by a trained first aid person, or by a suitably qualified medical practitioner. If I cannot be contacted and my child should require emergency hospital treatment, I authorize a qualified medical practitioner to provide emergency treatment or medication.

**I have been made aware that the National Marine Aquarium has developed a child protection policy & they are committed to ensuring the safety of my child by having;**

- **A code of behaviour**
- **Clear recruitment policy which includes vetting hosts & volunteers**
- **Disciplinary procedures**
- **A designated person for child protection**
- **Guidelines on confidentiality**
- **Clear reporting procedures**

I confirm that all details are correct to the best of my knowledge and I am able to give parental consent for my child to participate in & travel to all activities.

Signature ..... Parent / Guardian (Please circle)

Print Name .....

Date .....

#### PHOTO RELEASE FORM

I, the legal parent or guardian of the child named above, hereby give the National Marine Aquarium and their legal representatives and assigns, the right and permission to publish, without charge, photographs taken at the fore mentioned event.

These photographs may be used in publications, including electronic publications, or in audiovisual presentations, promotional literature, advertising, or in other similar ways.

CIRCLE ONE:

Permission that any Photographs taken during the sleepover MAY / MAY NOT be used.

Signature ..... Parent / Guardian (Please circle)

Print Name .....

Date .....