I consent to …………………….. …………………………………… (name of young person/s)

DOB: ……………………. Age…………… accessing support from i\_SPACE and engaging in activities including virtual (online). I have been informed of what the service involves. I authorise i\_SPACE staff to act on my behalf while the child is undertaking the activity/support and in their care.

I understand that whist I expect every care to be taken by staff, they cannot be held responsible for any incident or accidents that arise out of the unreasonable behaviour of my child or others in the party. I understand unreasonable behaviour of my child could mean removal from the event due to health and safety risks.

I am aware that some activities carry an element of risk. A ‘Risk Assessment’ with regard to Health and Safety legislation has been made in respect of this event. A copy of the risk assessment is available should I wish to see it.

I understand the staff will treat the safety of young persons on the event as paramount to any other consideration.

My child is eligible for free school meals YES NO (please delete as appropriate)

Signed ……………………………………..………………………. Date: ……………………... (Parent / Carer) If you are over 16 you may sign this yourself for virtual activities

**PHOTOGRAPHY**

i\_SPACE may use photography to record events/activities. The photos may then be used for information purposes and shared with funding providers. It is likely that photographs taken may be used by i\_SPACE for publications including ispace social media, ispace website, press coverage, education journals/materials, partner agency web sites or reports.

If you wish your child **not** to be identified in such promotional activity please indicate below. With respect to parents/carers who do not wish their child to be photographed it sometimes becomes difficult when children are working in group activities, in such cases i\_SPACE will take measures to keep the child’s identity anonymous.

I do I do not (please tick as appropriate)

wish photography of my child to be used for purposes as explained above. I understand that if I have declined authorisation and my child is photographed as part of a group, I will expect reasonable steps to be taken to protect the identity of my child.

Signed ……………………………………..………………………. Date: ……………………... (Parent / Carer) If you are over 16 you may sign this yourself

**DATA PROTECTION**

It is the policy of i\_SPACE that all personal data will be held in accordance with the principles and requirements of data protection and other relevant legislation, and that procedures will be put in place to ensure the fair processing of data subjects. i\_SPACE and all staff and volunteers who process, or use personal data must ensure that they abide by these principles at all times.

There may be times when we will need to pass on or gather information from other agencies you may/may not already be working with such as Early Help Hubs, Social Workers, School’s etc. By signing this consent form you confirm that you agree to this.

By signing this you also agree to iSpace using your contact details to book your child onto activities through our online booking systems.

I ……………………………………. Consent to i\_SPACE holding and sharing where appropriate personal information. Date ………………………………..

CONTACT INFORMATION

Home Address: ………………………………………………………………………………….......

Home Telephone No: ……………………………….. Mobile No: …………………………….

Name of parent/carer: ……………………………………………………………………………...

ALTERNATIVE CONTACT INFORMATION

Name: ………………………………………………………………………………………………..

Relationship: ………………………………………………………………………………………...

Address: ……………………………………………………………………………………………..

Home Telephone No: ……………………………….. Mobile No: …………………………….

MEDICAL INFORMATION

1. Does the above named young person(s) suffer from any condition requiring medical treatment? If **yes** please supply brief details:

…………………………………………………………………………………………………………

…………………………………………………………………………………………………………

…………………………………………………………………………………………………………

1. Does the above named young person(s) have any other special requirements you feel staff should be aware of?

…………………………………………………………………………………………………………

…………………………………………………………………………………………………………

…………………………………………………………………………………………………………

1. Does the above named young person(s) suffer from any form of allergic reaction to any types of food, substances, materials or medicines/medications, bites or stings? If **yes** please supply brief details:

…………………………………………………………………………………………………………

…………………………………………………………………………………………………………

…………………………………………………………………………………………………………

I consent to my child taking part in the activities/support

Signed ……………………………………..………………………. Date: …………………….