# Parental Consent Form – Chinley TNT 2025 - 2026

This form should be completed by the child’s parent or other adult with delegated parental responsibility. Parental Consent Forms will be renewed annually at the start of the school year so that the data held is up to date. Please complete the consent form below to enable your child to attend the group.

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| --- | --- | --- | --- |
| **Day group meets** |  | **Times group meets** |  |
| **Location of group** | Chinley Community Centre | | |

## Group Details

## Section 1: Young Person’s Information. This data will enable us to contact you should we need to and provide the best possible care for your child during Chinley TnT.

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| --- | --- |
| **Child’s full name** |  |
| **Date of Birth** |  |
| **Home address and postcode** |  |

## Emergency Contact Details

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| --- | --- |
| **Name of Parent(s)/ other adult(s) with delegated parental authority for the child** |  |
| **Relationship to Young Person** |  |
| **Contact Number(s)** *(day, evening, mobile)* |  |
| **Email Address** |  |
| **Alternative Emergency Contact** |  |
| **Alternative Contact Number** |  |
| **If the child does not live with the parent(s) or other adult(s) with delegated parental responsibility, who do they live with?** | Name:  Relationship to child: |

|  |  |
| --- | --- |
| **Medical Information** Name of family doctor: |  |
| Practice Address | Practice phone number |

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| --- | --- |
| **Does your child have any health issues, medical conditions, allergies, or dietary requirements?** | Yes / No |
| **If yes, please provide details:** | |
| **Does your child have any additional needs that we should be aware of?** | Yes / No |
| **If yes, please provide details:** | |
| **Date of last anti-tetanus injection (if known)** |  |
| **I give permission for sticking plasters to be used on my child when necessary:** | Yes / No |

## SECTION 3: CONSENT

To be read and signed only by a parent or other adult with delegated parental responsibility, **and** your child if aged 13 or over at the time of completing this form.

## Safeguarding and Supervision

All Chinley TnT group leaders and volunteers have undergone appropriate safeguarding checks in accordance with UK legislation and the group’s safeguarding policy.

* I give permission for my child to take part in the normal weekly activities of Chinley TnT. I understand that the leaders will take all reasonable care in looking after my child, but they cannot necessarily be held responsible for any loss or damage to property.

## Consent for Medical Treatment

* I give permission for first aid to be administered to my child if necessary.
* In an emergency, if I cannot be contacted despite all reasonable attempts to do so by the leaders, I give permission for my child to undergo emergency medical/dental treatment including the use of anaesthetics as considered necessary by the medical authorities.

## Parental Consent and Signature

* I give explicit permission for Chinley TnT to process the personal and medical data (special category data) given on this form for use in relation to my child attending Chinley TnT, taking part in activities with the Group and for use in safeguarding records.
* I confirm that the information provided is accurate and complete.

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| **Signature:**  *Parent or other adult with delegated parental responsibility*  **Please print your name:**  **Date:** |
| **Signature:**  *Child, if aged 13 or over\**  **Date:** |