



PS²



Participant Parental Consent Form (Under 18 years of age)

Dear Parent/ Guardian,

Your son/daughter has expressed an interest in the activity below and we look forward to welcoming them on the project.

Please read the information, answer the questions required, sign and return to LYL drop in centre. A copy of the activity details has been enclosed for you to keep.

Please note this is a necessary requirement of your child's participation in the activity.

Project/Activity Details

Project/Activity: summer art school	Venues: LYL drop-in centre 52a Glandore Avenue Belfast BT15 3FD	PeasPark 78 Skegoneill Avenue Belfast BT15 3JQ
Leader in Charge: Duncan Ross, Joanne Smyth	Phone: 07855 094075	
Date of Project: 25 – 28/29 July 2016		
Time of Project: 11am-1pm		

Participant Personal Details

Name _____	Date of Birth ____/____/____ Age ____
Address _____	Home Telephone Number _____
Postcode _____	Mobile Number _____

Emergency Contact Details (Parent or Guardian)

Name _____	Relationship _____
Address _____	Telephone Number _____
Postcode _____	Mobile Number _____

Participant Medical Details

Doctors Name _____	Surgery Name _____
Surgery Address _____	Surgery Number _____
Does your child have any special needs? If yes please give details below	

Please tick the boxes below to indicate how your child will arrive and leave the activity at the arranged times:

Arrive	✓	Leave	✓
Accompanied by parent/guardian		Accompanied by parent/guardian	
Not accompanied by parent/guardian		Not accompanied by parent/guardian	

IN THE INTERESTS OF HEALTH AND SAFETY IT IS VERY IMPORTANT THAT YOU READ ALL THE BELOW INFORMATION AND TICK THE RELEVANT BOXES YOU WISH TO GIVE PERMISSION

PLEASE TICK	
	I am aware of and consent to my child taking part in an activity/event facilitated by PS² & New Lodge Arts
	I understand that the activities of the summer art school involve paint, crayons...and suitable clothes should be worn.
	I give consent for my child to participate on trips between the LYL venue and PeasPark (depending on weather).
	I give my consent for the leader in charge to seek medical help from a trained person or professional body for my child should s/he be hurt or take ill during an activity with new lodge arts
	I understand that a member of staff who suspects that a child in his/her care may have been abused or neglected has a duty to report this to the designated office within the organisation who will contact social services
	I am aware off and consent to my child appearing in any photography/film relating to the activity/event. I consent for the photographs/film to be used in material promotingthe summer art school including the Organisation's web site and Facebook Page

Permission can only be given by the individual/s that has parental responsibility for the child.

Parental responsibility is defined as:

The natural Mother always has parental responsibility.

The Natural father gains paternal responsibility:

- If he's married to the mother at the time of the child's birth.
- If he marries the mother after the child's birth, he has parental responsibility if he lives in Northern Ireland at the time of the marriage.
- An unmarried father has parental responsibility if he's named, or becomes named, on the child's birth certificate (from 15 April 2002).

Individual's Name completing form with parental responsibility: _____

SIGNED _____

DATE _____

Form Received	Details Checked	Details Complete	Notes

Staff Signature

NAME.....

DATE.....