





## RESIDENTIAL - VISIT CONSENT (FORM 2)

## PLEASE READ AND SIGN THIS FORM, WHICH GIVES CONSENT FOR YOUR CHILD TO PARTICIPATE IN ALL ACTIVITIES PLANNED THROUGHOUT THE KINGSWOOD TRUST VISIT

SCHOOL:	DATE OF VISIT:
CHILDS NAME:	DOB:

MEDICAL OR ADDITIONAL	INFORMATION	EMERGENCY CONTACT NUMBER
NEEDS		
PLEASE LET US KNOW IF YOUR		
CHILD HAS A MEDICAL		
CONDITION OR ALLERGY		

I GIVE PERMISSION FOR MY CHILD TO RECEIVE EMERGENCY MEDICAL TREATMENT	SIGNED:
IF REQUIRED	
I GIVE PERMISSION FOR MY CHILD TO TRAVEL BY BUS OR APPROPRIATELY INSURED	SIGNED:
CAR	

DIETARY NEEDS		ТІСК
PLEASE LET US KNOW IF YOUR	NONE	
CHILD HAS A SPECIFIC DIETARY NEED	VEGETARIAN	
	VEGAN	
	COELIAC	
	NO BEEF	
	NO PORK	
OTHER – PLEASE STATE		

Please enable us to record, celebrate and display the activities that your children are involved in through a variety of visual and auditory methods. In order to comply with the Data Protection Act 1998, we require consent to use photographs, digital images and/or video recordings of children. These images may appear in printed material (eg newsletters, promotional materials, our archives and reports) or may be used for display purposes. We may also circulate images to local or national media, or upload them to our Kingswood or Council websites, but only with your express permission (see below). We will only use first names and/or school names/ages where necessary and will not publish any personal information (i.e. addresses or other contact details). Thank you for your support.

I GIVE CONSENT FOR:	PHOTOGRAPHS/AUDIO/VIDEO/ TO BE TAKEN	SIGNED:
I GIVE CONSENT FOR:	IMAGES TO BE USED ON KINGSWOOD TRUST SOCIAL MEDIA OR WEBSITE <u>www.discover-kingswood.org.uk</u>	SIGNED:
I GIVE CONSENT FOR:	USE IN NEWSPAPER/TV/RADIO	SIGNED:

Should you wish to withdraw consent at any time due to changing circumstances or wish to discuss any of the above, please contact the Centre on 01902 558132 or email: kingswood@wolverhampton.gov.uk