



CONSENT FORM  
Registered Scottish Charity No. SC027915

Child's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

School \_\_\_\_\_ Class/Year \_\_\_\_\_

Parent/Guardian's Name \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_ Post Code \_\_\_\_\_

Home Phone No. \_\_\_\_\_ Mobile No. \_\_\_\_\_

Parent/Guardian's email address \_\_\_\_\_

Does your child have any allergies, medical requirements? YES ☐ NO ☐

If Yes, please give details: \_\_\_\_\_

\_\_\_\_\_

Does your child have any additional support needs? YES ☐ NO ☐

If Yes, please give details \_\_\_\_\_

\_\_\_\_\_

Any other relevant information we need to know \_\_\_\_\_

EMERGENCY CONTACT DETAILS (when the above parent is not available)

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_ Post Code \_\_\_\_\_

Home Phone No. \_\_\_\_\_ Mobile No. \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_

Print Name \_\_\_\_\_

Date \_\_\_\_\_

Any changes to the above must be reported to the group leader as soon as possible

PTO

I give consent for my child's photograph to be taken and video footage to be used for The Machan Trust (Website, Social Media and Funding materials etc)

PHOTOGRAPH YES ☐ NO ☐

VIDEO FOOTAGE YES ☐ NO ☐

We may share relevant information regarding your child with partner agencies including schools, social work and police. This is only done when necessary, relevant or if there is a concern. This form consents to the two way sharing of information.

Sometimes your child's information may need to be recorded for our records to ensure their safety. This information will be treated as confidential and will not be shared without your further permission. However, confidentiality may be breached in circumstances where concern for the safety of the child, other persons or the community arises.

While attending groups the children are under the care and supervision of our youth/children's workers and volunteers. They must behave in accordance with the requests of the responsible adults present. Children will conform to behavioural standards.

We will assume that parents are aware of their child's whereabouts and that they are attending a group with parental permission. If a child comes to ANY Machan Trust group this form has granted them permission to do so.

A child will not be allowed to attend any Machan Trust groups or activities without consent, by signing this form you give consent for your child to attend any of our groups.

Any valuable items brought to a group are done so at your own risk, and we do not accept any responsibility for the loss of or damage of items. It is recommend nothing valuable is brought to our groups, including clothing, as we will often be doing arts and crafts activities or outdoor games.

Please tick the box if you have read and fully understand the above ☐

Sign and date below.

Thankyou

Parent/Guardians Signature \_\_\_\_\_

Print Full Name \_\_\_\_\_

Date \_\_\_\_\_