

Permission to Ring form

(Children, Young People & Vulnerable Adults)

Full name of child / young person/ vulnerable adult

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Date of birth Address.....

.....Post Code.....

Name of parent or carer

Telephone number Mobile

Email Address (parent).....

Email Address (Child/VA).....

Are there any medical (eg diabetes, epilepsy) or dietary concerns that we should know about (This will not preclude them child from ringing, but notification now will help in the event of a medical problem.) Please give any relevant details below or state "none":

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- I give my permission for the above-named person to take part in the normal activities of this group.
- I understand what is involved and I am aware of the hazards present.
- I understand that separate permission will be sought for certain activities and outings lasting longer than the normal meeting times.
- I understand that during the teaching process occasional hand contact may be used and that there will normally be another adult present.
- I understand that for teaching purposes video may be used occasionally but will not be retained.
- I give my permission for the above named person to be registered on the A.R.T. system to allow access to ringing resources and monitoring progress. I would prefer my own/my child's email (above) to be used for this purpose.

Signature of parent or carer

Name of additional contact Telephone