



NATURE WATCH CLUB 2012 PARENTAL CONSENT FORM

Please complete this form and return it to the Nature Watch Club Leader.
Please remember to inform us of any changes to the information given on this form.

The information you provide will be treated in the strictest confidence. It will be stored on a computer data base and used only for the purpose of administering Nature Watch Club. If you want these details to be removed, please let us know.

Personal Details of Child

Name.....

Date of Birth..... Age

Contact address and telephone numbers for both parents / guardians:

Name..... Name.....

Relation ship to child..... Relationship to child.....

Address..... Address.....

.....

.....

Postcode..... Postcode.....

Home tel. no..... Home tel. no.....

Work tel. no. / mobile..... Work tel. no. / mobile.....

Email address (if preferred method of contact:

Medical Information of Child

Does your child suffer from any illnesses, disabilities or allergies that may affect him / her when taking part in group activities? YES / NO

Does your child require the routine use of any medication? YES / NO

Does your child require a special diet? YES / NO

If you answered yes to any of these questions, please give details and appropriate instructions.

(Please note that if a child needs to take medication during a Nature Watch Club meeting this will need to be self-administered).

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Name of child's doctor.....

Address.....

Tel. no.

Does your child have up-to-date anti-tetanus protection?

Please complete the back page. Thank you.

PUBLICITY / MEDIA

Nature Watch Club is of interest to the wider community. For this reason, the group, or individuals of the group may occasionally be photographed by a ranger (or by the local media), to be used for photographic records, promotional material, display material etc. We would like to know if you are happy about this or not. Please delete as applicable:

I **DO / DO NOT** * give my consent for my child's photograph to be taken by a **ranger / local media*** as an **individual** / as **part of a group** * (*delete as applicable).

Please use this space to provide any further information concerning your child which you feel we ought to know :

AGREEMENT

I undertake that my child will be adequately and safely equipped and clothed for the activities planned. This includes waterproof clothing and footwear, sun-cream etc.

I accept that he / she may not be allowed to take part if the leader considers it unsafe.

I understand that every effort will be made by the Nature Watch Club leader to ensure the safety of my child.

In the event of illness or accident, I authorise the Nature Watch Club / registered Wildlife Watch leader to sign on my behalf any written form of consent required by hospital authorities if the delay required to obtain my own signature is considered inadvisable by the doctor or surgeon concerned.

I undertake to ensure that my child will be collected from Nature Watch Club meetings by

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I am happy that my child travels home on his / her own **YES / NO**

If this should be different for any reason, I will inform the Nature Watch Club leader.

Name of Parent / Guardian

Signed..... Date.....

Please note that your child will need to be signed in at the beginning of the session by the person delivering your child, who must also state the name of the person who will be collecting your child. Your child must also be signed out at the end of session by the person collecting the child. This is for health and safety purposes. Thank you for your co-operation.

Please return to Nature Watch Club, The Visitor Centre, Slack Lane,
Shiple Country Park, Heanor, Derbyshire, DE75 7GX. Tel.: 01773 719961.

If paying your registration fee by cheque – please make cheques payable to Derbyshire County Council.

Thank you.