#  Information & Consent Form

**WRITE N/A IF NOT APPLICABLE**

**Name of Child:**

**Date of Birth:**

**Parent/Guardian Name: Relationship to Child:**

**Contact Number: Email:**

**Home Address:**

**Emergency Contact Name & Number:**

**Relationship to Child:**

**List other people you agree to collect your child:**

**Name:**

**Contact Number:**

**Name:**

**Contact Number:**

**Safe Word:**

**(Please ensure your child and emergency contact know the safe word)**

**Does your young person suffer from any allergies/illnesses/dietary needs?**

**(Please continue on a separate sheet if necessary and return with this form)**

**Anything else we need to know, or you would like to tell us about your child?**

**(Please continue of a separate sheet if necessary and return with this form)**

**How did you hear about Spiritus?**

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# HELP NEEDED

**Can you assist on day trips? Yes No**

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## CONSENT

**I do/do not give permission for my young person\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ to leave Spiritus without supervision when a session has ended.**

**I do/do not give permission for my young person \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ to go to the shop without supervision.**

**I give my permission for Spiritus staff to administer First Aid/Pain Relief to (child’s name) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**I agree to monitor (child’s name) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ temperature and accept it as my responsibility to keep them home if they are unwell.**

**I do/do not give permission for photos and videos to be used on social media of ……………………………………………… for use of advertising Spiritus.**

**I agree mask wearing is down to individual choice.**

**I agree to speak to my child to ensure they are aware of the rules and respect the other students and tutors throughout their time at Spiritus.**

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## TERMS AND CONDITIONS

**Payment must be paid in full and in advance of the workshop taking place.**

**Your child’s space will only be confirmed upon receipt of payment. Payments are non-refundable.**

**I have understood and agree to all Consents and T&Cs on this form**

**Signature:**

**Print Name:**

**Date:**

Please complete the above form and email to **jacqui@spiritus.org.uk**

 07971 690678 jacqui@spiritus.org.uk www.spiritus.org.uk

 **Spiritus company limited by guarantee.**

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