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# Permission to ring consent form

(Children, young people & vulnerable adults)

Full name of child / young person/ vulnerable adult .....

Date of birth .....

Address.....

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

Name of parent or carer .....

Contact number: .....(Landline) .....(Mobile)

Email Address (parent).....

Email Address (child/VA).....

Are there any medical or dietary concerns that we should know about (this will not preclude the person 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 ART 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 .....Contact number .....