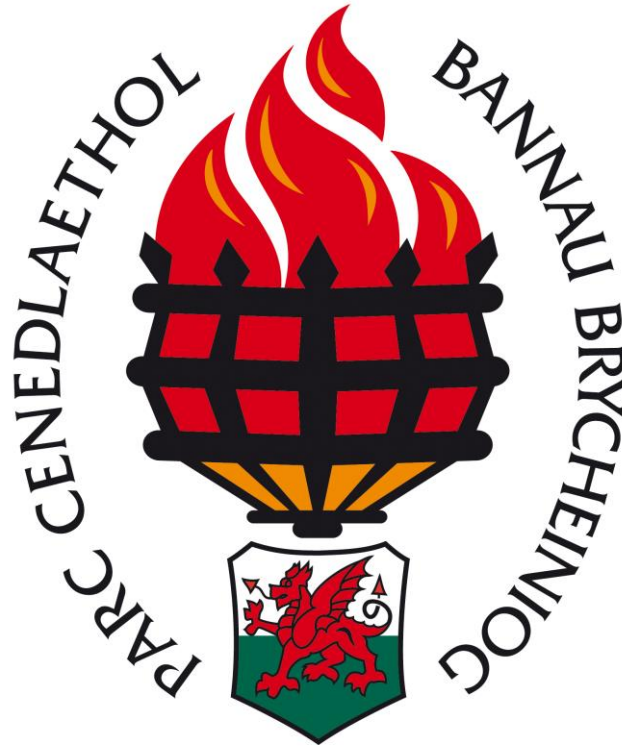


Parent/Guardian Consent Form



BRECON BEACONS
NATIONAL PARK

Please read and complete all pages of this form.

Child's details

First name: _____ Surname: _____ Sex at birth: M/F
Address: _____ Gender identity: _____
Postcode: _____ Date of birth: ____/____/____

Emergency contact 1: Parent/guardian's contact details

First name: _____ Surname: _____ Relationship: _____
Address: _____
Postcode: _____
Contact number: _____ Email address: _____

Emergency contact 2: Parent/guardian's contact details

First name: _____ Surname: _____ Relationship: _____
Address: _____
Postcode: _____
Contact number: _____ Email address: _____

Child's medical details (3 questions)

1. Does your child have any illnesses, injuries, allergies, medical conditions, disabilities, special needs or special dietary requirements that we should be made aware of? **Yes/No** *If yes, please give details:*
2. Is your child taking any prescribed medication and will they need to take any medication during the day? **Yes/No** *If yes, please give details:*
3. If your child is left unaccompanied with National Park staff then do you give permission for members of staff to act as loco-parentis for a medical emergency if you are unable to be contacted? **Yes/No**

I give permission for the child named above to attend as a volunteer for the Brecon Beacons National Park Authority.

Signature: _____ Date: ____/____/____

Name (*block capitals*): _____ Relationship: _____

Useful information for the Brecon Beacons National Park Authority

What would your child like to gain from being a volunteer with the Brecon Beacons National Park Authority?

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.....
.....

If your child is completing an award by volunteering with us please provide the following information (which will allow the park to assess the section of the award);

DofE: eDofE participant no/ Scout or Girlguide reference:

Centre/ school attending:

Award Level (please circle): DofE: Bronze Silver Gold

Timeframe: 3 months/ 6 months/ 12months/ 18 months/ other (please state)

Section (please circle): Skill/ Volunteering/ Residential

Goal (please state your child's goal to be assessed against):

.....
.....
.....
.....

Online Engagement e.g. Zoom sessions.

Some of our engagement activities now take place using online tools such as Zoom and Microsoft Teams. Best practice is for young people to use their parent's account. By signing below you give consent for your young person to take part in these online sessions.

Signature: _____ Date: ____/____/_____

Your name (*block capitals*): _____ Relationship: _____

Consent for photographs, film and recordings of children and young people

Please would you assist the Brecon Beacons National Park Authority with its photographic requirements? Photographs or film may be used by the Brecon Beacons National Park Authority to illustrate their work in publications, presentations, websites, displays, press releases, project archives and social media. Images may be given, for a specifically agreed purpose, to approved third parties such as other National Park Authorities, conservation groups, tourism organisations and government agencies.

Do you give your consent to the Brecon Beacons National Park Authority to use your image and/or that of your child(ren) or adult at risk, in whole or in part, for:

1. Publication by or on behalf of the Brecon Beacons National Park Authority on official websites, in printed publications, exhibitions or presentations, for social media, tourism promotion or in film footage?

Yes No

2. Do you consent for your image and/or that of your child(ren) or adult at risk, to be shared with approved third parties such as other National Parks, government agencies, tourism organisations and conservation groups?

Yes No

Signature: _____ Date: ____/____/____

Name (*block capitals*): _____ Relationship: _____