



**PARENTAL CONSENT FORM TRIMDON PARISH SUMMER PROGRAMME
TRIMDON COMMUNITY COLLEGE TRIMDON GRANGE COMMUNITY CENTRE AND
TRIMDON VILLAGE HALL
July 22nd to August 19th 2016**

Venue	Dates	Group Leader(s)
Trimdon Community College Trimdon Grange Community Centre Trimdon Village Hall	Fri 22 th July – Friday 19 th August.	Donna Walton Annette Donohue Terrie Walmsley

To the Headteacher/Line Manager

**I am willing to allow my child _____ Date of Birth _____
To take part in the trips visits and activities outlined on the trips and visits form**

- I have received and read information provided for me outlining the type of visit and I understand the purpose and nature of the activities.
- I understand that during the visit child will be under the supervision of the youth workers in charge or under the supervision of a suitably qualified and experienced member of staff.
- I further consent to the giving of urgent medical or surgical treatment to my child as may prove necessary during the visit.

Please list any medical conditions or prescribed medication you want the staff to be aware of. (In special circumstances, you may wish to talk to the group leader prior to departure).

I hereby undertake to indemnify Durham County Council Education Authority and TCCA, TGCC, TVH and their staff who will be in charge of the young people against any claims, damages, costs and expenses reasonably incurred by them on behalf of my child during the visit. This indemnity will not extend to any claims, damages, costs or expenses against the risk of which the above named organisation or their staff in charge are entitled to be indemnified under any policy of insurance.

Signed: _____ **Date:** _____
(parent or guardian)

Address:

Emergency Telephone Numbers (Day and Evening if different) If you do not have a phone please give the number of a friend or relative we could call in an emergency

Home: _____ **Mobile:** _____



Photography Consent Form

TRIMDON PARISH SUMMER PROGRAMME



We may take pictures / video of projects / activities as evidence for funding and to record the work. Please indicate below if you are happy for us to take pictures with your child in.

I give consent for my / my child's photograph to be taken and used by Durham County Council and the organisations named above for public documents and publications.



Signed

Name

Address

Tel. No.

For office use only

Photograph

Date

Photographer