

Wiltshire Wildlife Trust
Parental Consent Form
(For accompanied children on practical tasks)

Dear Parent / Guardian. Please complete this form and return it to the task leader. All the information will be treated in the utmost confidence.

Name of Group _____ Date _____

Personal Details of Parent / Guardian

Name: _____

Address: _____

_____ Telephone: _____

Details of Child

Name: _____

Age: _____

Does your child suffer from any illnesses, disabilities or allergies that may affect them taking part in the planned activities? Yes / No

If yes, please give details: _____

Agreement

- I understand that my child is not insured for personal accident whilst on a practical task.
- I give my consent for my child to take part in this activity.
- I understand that the leaders will take every effort to ensure the safety of my child, but that I will remain responsible for the child at all times.
- I understand that I should ensure that my child has an up-to-date tetanus injection.

Signed _____ Parent / Guardian

Print Name _____

To the leader. Please keep hold of this form and return it at the end of the season to: Volunteering Officer, Wiltshire Wildlife Trust, Elm Tree Court, Long Street, Devizes SN10 1NJ 01380 725670