

Transforming Lives Consent Form

Name of young person	
Address	
Contact Number	
Parent/ Carer name and address	
Telephone Number	
Email Address	
Do you have Parental Responsibility (PR)	Yes/ No
Alternative Emergency Contacts Name	
Contact number	
Medical information (Please include details of any diagnosed conditions, medication allergies etc.)	



I am aware of the programme my child is going to take part in and understand I can seek more detailed information in writing or by telephone from..... I give consent for my child to take part in all activities organised by staff in connection with the programme including where appropriate being provided with transport.

In the event of a medical emergency every possible effort will be made to contact the Next of Kin. I agree for my child to receive Emergency medical treatment if the situation arises. It is important for you to understand such a decision will be decided on by a trained medical professional. I also agree for my child to receive first aid by trained staff delivering the programme if necessary.

I do/ do not (delete as appropriate) give permission for images/ video/ voice to be stored and used, to advertise, promote and provide information on Cambridgeshire County Council Services. Images will only be used for non-commercial purposes and will be stored in line with the Data Protection Act and General Data Protection Regulation.

We will collect information from you and your family to help us make sure we are aware of what support has been provided and how this could shape future support should you need it. For further information on how we use and store this information please go to

<https://www.cambridgeshire.gov.uk/council/data-protection-and-foi/information-and-data-sharing/privacy-statement/early-help-privacy-notice>

Signed _____

Name _____

Date _____