



## Parental Consent Form

Name of child: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_

Post Code \_\_\_\_\_ Email \_\_\_\_\_

Telephone No: \_\_\_\_\_ Mobile \_\_\_\_\_

School \_\_\_\_\_ Which group will they be joining? ACT OUT  ACT UP

Any Medical Issues which the Facilitators should be aware of? \_\_\_\_\_

\_\_\_\_\_

PERSON TO BE NOTIFIED IN CASE OF AN EMERGENCY (Please provide most suitable contact number for Thursdays 4pm-7pm) :

Name \_\_\_\_\_ Relationship to Child \_\_\_\_\_

Phone: Home/Mobile/Work \_\_\_\_\_

Will your child be:            a)Picked up from York House,            b)Walk home alone

Please carefully read and sign this parental consent form. If you have any questions or would like further information, please call Terrie Howey (07966 802396) or email [terrie@redphoenixstory.co.uk](mailto:terrie@redphoenixstory.co.uk)

- I give permission for him/her to take part in ACT OUT/ACT UP and related activities.
- I am the parent / legal guardian of the child named above and I have the right to make decisions for them.
- My child is in good physical condition and has no physical, mobility or health problems not disclosed above, and is able to participate in physical activity.
- I understand that my child is not in any way required to participate in the programme and related activities.

Parent/Guardian's Full Name (please print): \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Thank You  
Terrie Howey  
ACT OUT/ACT UP founder and lead facilitator