

Parental Consent Form

Name of child: _	Date of Birth:
Name of Parent/	Guardian: Relationship to Child:
Address:	
Post Code:	Email:
Telephone No: _	Mobile:
	All information will be stored in line with GDPR guidelines. All Consent Forms are kept for the duration of the participant's attendance plus one calendar year after leaving.
Any Medical Issu	es or Special Educational Needs which the Facilitators should be aware of?
a) Supe	ild arrive / leave? ervised - Dropped off/picked up, by upervised — walking home alone or with friends enix Storytelling & Productions cannot be responsible for children once they have left the activity)
	OTIFIED IN CASE OF AN EMERGENCY (Please provide most suitable contact number):
Name	Relationship to Child
Phone: Home/M	obile/Work
 I give pe I am the I have di I undersidoing so 	
Parent/Guardian	's Full Name (please print):
Signature:	Date:

Thank You! Dr Terrie Howey-Moore, Lead facilitator

Parental Consent Form for Use of Photograph and Film Images of Children

Sometimes we take photographs or video film for publicity and project purposes. These images may appear in printed publications, news media, funding evidence, or filming projects. We require your permission to do this. Our Safeguarding policy is to never use images on social media, and request that parents who take their own photographers during performances (*please NO flash*) keep them for their own memories and never to put these images online social media. Please answer questions 1, 2 and 3 below, then sign and date the form where shown.

Please cross out any options in the question that you do not want photo/film to be used in/on

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	(an)	ou child	be included	l in nhotogr	anhic or	tilmed	IMages ?
	Cuii	y o a ci ilia	DC IIICIGGC	1 111 2110 60511	apine or	IIIIIICG	mages.

YES / NO

2. May we use your child(ren)'s image(s) to support funding evidence?

YES / NO

3. Occasionally we send publicity material, including photographs where appropriate, to the news media, especially the local press. Can we use your child(ren)'s image(s) in this way?

YES / NO

Please print your name and your child's name in capitals
the parent(s)/guardian(s) of:
(child's full name) (child's full name)
Address
I/We agree that Red Phoenix Storytelling & Productions may use the images as set out above Yes / No. I have read, understood and agree with the conditions of use on the back of this form. Yes / No.
Signature:Date:
All information will be stored in line with GDPR guidelines. All Consent Forms are kept for the duration of the participant's attendance plus five calendar years after leaving.

Terms and Conditions

- 1. This form is valid for the duration of the participant's attendance plus five years unless otherwise stipulated by either party.
- 2. The consent will automatically expire after this time. We will not re-use any images after this time.
- 3. We will not include details or full names (which means first name and surname) of any child or adult in an image on our website, or in printed publications.
- 4. We will not include personal e-mail or postal addresses, or telephone or fax numbers.
- 5. If we use images of individual pupils, we will not use the name of that child in the accompanying text or photo caption without further consent.
- 6. We may use group images with very general labels, such as "Scene from upcoming show" or "ACT OUT/ACT UP youth drama group".
- 7. We will only use images of pupils who are suitably dressed, to reduce the risk of such images being used inappropriately.
- 8. We cannot film or take photographs of any child that is at risk or under a supervision order.

If you have any questions or concerns please contact Terrie Howey-Moore, actout@redphoenixstory.com