Kingswood Trust
Discover nature. Learn outdoors.

RESIDENTIAL VISIT CONSENT (FORM 2)

PLEASE READ AND SIGN THIS FORM, WHICH GIVES CONSENT FOR YOUR CHILD TO PARTICIPATE IN ALL ACTIVITIES PLANNED THROUGHOUT THE KINGSWOOD VISIT

NAME:		**SCHOOL:**	**DATE OF VISIT:**
HOME ADDRESS: **POSTCODE:**		**TELEPHONE:** HOME MOB WORK	

MEDICAL NEEDS PLEASE LET US KNOW IF YOUR CHILD HAS A MEDICAL CONDITION OR ALLEGY	**INFORMATION**	**MEDICATION**
DOCTOR	**NAME:**	**TEL:**
I GIVE PERMISSION FOR MY CHILD TO RECEIVE EMERGENCY MEDICAL TREATMENT IF REQUIRED		**SIGNED:**
I GIVE PERMISSION FOR MY CHILD TO TRAVEL BY BUS OR APPROPRIATELY INSURED CAR		**SIGNED:**

DIETARY NEEDS		**TICK**
PLEASE LET US KNOW IF YOUR CHILD HAS A SPECIFIC DIETARY NEED	NONE	
	VEGETARIAN	
	VEGAN	
	COELIAC	
	NO BEEF	
	NO PORK	
OTHER – PLEASE STATE		

Please enable us to record, celebrate and display the activities that your children are involved in through a variety of visual and auditory methods. In order to comply with the Data Protection Act 1998, we require consent to use photographs, digital images and/or video recordings of children. These images may appear in printed material (eg newsletters, promotional materials, our archives and reports) or may be used for display purposes. We may also circulate images to local or national media, or upload them to our Kingswood or Council websites, but only with your express permission (see below). We will only use first names and/or school names/ages where necessary and will not publish any personal information (ie: addresses or other contact details). Thank you for your support.

I GIVE CONSENT FOR:	PHOTOGRAPHS/AUDIO/VIDEO/ TO BE TAKEN	**SIGNED:**
I GIVE CONSENT FOR:	IMAGES TO BE USED ON THE KINGSWOOD WEBSITE www.discover-kingswood.org.uk	**SIGNED:**
I GIVE CONSENT FOR:	USE IN NEWSPAPER/TV/RADIO	**SIGNED:**

Should you wish to withdraw consent at anytime due to changing circumstances or wish to discuss any of the above, please contact the Centre on 01902 558132 or email: kingswood@wolverhampton.gov.uk