

## Parental Consent Form

### ***Permission to participate in Padstow Skate Park activities and events***

1. I agree for my son / daughter / ward to take part in any Padstow Skate Park activities / events. I am / am not happy for photographs to be used for publicity purposes.
2. I undertake not to hold **Padstow Town Council** or the **Wheal Jubille Parc Trustees** responsible for compensation in respect of loss or damage to personal property, which he/she sustains during the activities.
3. I understand the importance of advising the Town council of any medical or special needs which may require particular attention in order to enable my son / daughter / ward's full and safe participation in the events.
4. I understand not to permit my son / daughter / ward to attend the visit if he / she is not in good health or has been in contact with an infectious disease within 2 weeks of the commencement of the visit.
5. If at any point of the visit, he / she requires urgent medical treatment, and provided that I cannot be contacted personally, I give my permission to the medical authorities to administer such emergency treatment, including anaesthetic, as they consider necessary in the circumstances.
6. I understand that if my son / daughter / ward causes harm or serious upset to a member of the group or to a member of staff, that it is my responsibility to collect them from the activity / event.

**Please complete in block capitals all parts of this form.**

**Family Name Forenames**

**Age**

**Date of birth:** \_\_/\_\_/\_\_\_\_

**Home address**

**Post Code**

**Telephone number:**

**Mobile number:**

**Medical conditions/Medicines**

**Special Dietary needs**  
(e.g. vegetarian, food allergies)

**Two emergency contact numbers (home & mobile)**

**Number 1 Name relationship**

**Number 2 Name relationship**

**Signed print name**

**Date**

Return to Padstow Town Council. Wheal Parc Trustees.