**Arts & Culture Events**

**Virtual School Bake Off  
1st February 2024**

**CONSENT FORM**

|  |  |  |  |
| --- | --- | --- | --- |
| **Name of Young person/s entering the competition & attending the event** |  | | |
| **Year Group** |  | | |
| **Activity** | The Great Virtual School Bake Off | | |
| **Date** | Thursday 1st February 2024 | | |
| **Key Info about the event** | Being held at: The Carpenter Centre, Overdale, Telford, TF3 5BT  Time: 4pm – 5pm | | |
| **Total number of adults attending the event** |  | **Total number of children attending the event** |  |
| **Emergency Contact Details** | **1st contact**  Name:  Phone number:  Email: | **2nd Contact**  Name:  Phone number:  Email: | |

**Further Details about young person attending**

|  |  |
| --- | --- |
| **What I can find difficult when taking part in activities** |  |
| **What helps me take part** |  |

**Medical/Dietary requirements**

|  |  |
| --- | --- |
| Allergic to any medication or food?  If your answer is yes, please provide details |  |
| Agree to young person receiving any emergency medical treatment |  |
| I also agree to any first aid that may be necessary |  |
| I agree to the administration of antihistamines, paracetamol as appropriate |  |
| I agree for photographs to be taken which will not identify the attendee that can be displayed on the virtual school website gallery and for other promotional events if required |  |
| Any other relevant medical, dietary, social, behaviour information that we should know? |  |

I consent to\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(name)

Parent/carer name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(please print)

Signed:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Parent/carer Date\_\_\_\_\_\_\_\_\_\_

**Social worker to sign if Carer/parent has not got delegated responsibility**

Social worker name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(please print)

Signed:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_

**Please return this form to:**

[virtualschool@telford.gov.uk](mailto:virtualschool@telford.gov.uk)