**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 5BTTime: 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