



footprints

Women's Centre

Footprints Women's Centre

Young Girls Group Enrolment and Parent Consent Form

Using I.T. to contact Young People

In Footprints Women's Centre (FWC) we use the following methods to contact our Young Girls group. We seek your position for this on page 2.

Text () Mobile Phone () Email ()

Young Girls Details (the rest of this form to be completed by Parents)

Name:		Date of birth:	
Address:			
Daughters Mobile number:		School attended:	
GP name & practice address		GP telephone no:	
Details of any known medical details, allergies etc (e.g. asthma, diabetes, epilepsy) an any medication being taken:			
Any other relevant special needs, requirements or directions that would be helpful for leaders to know:			
Does she have: Impaired hearing Impaired vision Other disability Please Specify:	Is she taking medical treatment? Yes () No Please specify: If the medication is required during the session and the child is unable to administer the medication herself, please contact FWC. You will need to supply written permission for a leader to administer medication along with a letter from the GP stating that the leader in charge/first aider can administer the medication. Your note should include details of the medication, dose and frequency.		

<p>Person/Persons with Parental Responsibility</p> <p>Name:</p> <p>Relationship to child:</p> <p>Tele (Daytime):</p> <p>Mobile:</p> <p>Email:</p>	<p>Person/Persons with Parental Responsibility</p> <p>Name:</p> <p>Relationship to child:</p> <p>Tele (Daytime):</p> <p>Mobile:</p> <p>Email:</p>
<p>Contact In Case of Emergency</p> <p>Name:</p> <p>Relationship to child:</p> <p>Tele (Daytime):</p> <p>Mobile:</p> <p>Email:</p>	<p>Contact In Case of Emergency</p> <p>Name:</p> <p>Relationship to child:</p> <p>Tele (Daytime):</p> <p>Mobile:</p> <p>Email:</p>

Is there services involvement with this family?

Yes () No () please tick as appropriate

If yes, please list any other agencies involved:

Please state any other relevant information:

Photos/Video/Internet/website

During the time your daughter spends at FWC and during social outings, photographs/videos may be taken for general centre purposes and FWC promotional purposes to include internal and external publications and FWC websites. FWC guidance for the use of photographs/videos will be followed, a copy of which is available from the leader in charge of the group.

Do you consent to your daughter's image to be taken and used as indicated?

Yes () No () **please tick as appropriate**

Annual Events Participation Consent

Occasionally your daughter as part of the GIRLZ UTD group may be engaging in trips, outdoor pursuits and activities or events outside of Footprints Women’s Centre and we may be using transportation such as private bus hire, do you consent to your daughter taking part in these activities at part of the programme they will be attending?

Yes () No () *please tick as appropriate*

Footprints GIRLZ UTD group provide educational elements to the programme; these may include discussion on drug and alcohol awareness, LBGTQ+ or relationships, and current political debate and cultural diversity awareness. Do you consent to your daughter taking part in such activities?

(parent will have advance notice of programme timetables)

Yes () No () *please tick as appropriate*

Communication Using IT

Leaders may use the methods indicated on page 1 to get in touch with the section your daughter is part of this year (e.g. text/email) Such use will be limited to communication about FWC young girls activities.

Do you consent to your daughter being contacted by leaders using the methods indicated in section 1 of this form?

Yes () No () *please tick as appropriate*

Drop off/collection

As most of the young girls attending frequently come and leave the centre independently. Do you consent to your daughter to walk home on her own after the session/trips/activities related to the young girls group and other centre related activities

Yes () No ()

If no please list the person/s allowed to collect your daughter

	Name	Relationship to your daughter
1		
2		
3		

First Aid/Emergency Treatment

In the event of an accident or illness, having parental responsibility for the above named child, I give permission for first aid to be administered by a suitably qualified medical practitioner.

In case of an emergency, leaders will do everything to contact the parents so that they can make the appropriate medical decisions for their child. In extreme circumstances where medical treatment is required without delay and it has been impossible to contact those named on this form. I authorise the first aider and/or the leader in charge to give consent for any medical treatment on my behalf.

Yes () No () *please tick as appropriate*

Signature

I permit my daughter to take part in Footprints Women's Centre Young Girls group as stated above and confirm that she is willing to participate as fully as possible. All details provided on this form are as accurate and up to date as possible.

Printed Name:

Relationship to child:

Signature:

Date:

CORRESPONDANCE

Please confirm by ticking yes that you consent to being contacted by the methods listed below

Footprints may on occasion need to contact you. This contact may be to update you on service offerings, enhancements, changes or invitations to events and will be within the remit of your daughter's participation in the Young Girl's Group. We may also need to contact to provide updates on your daughters progress.

Please **tick the boxes below to consent** Footprints to contact you using the following communication:

Post **Email** **Telephone:**

If at any stage you wish to opt out of receiving correspondence please contact Footprints Women's Centre. All information obtained on this form is held and maintained confidentially and in compliance with GDPR & The Data Protection Act 1998.

It is essential that you inform leaders of any important changes to the details given on this form during the year e.g. telephone numbers