

## LIVESTREAMING CONSENT FORM

Day/date(s) of activity [if it is a regular activity you could list the day of the week and time it takes place]:	
Livestreaming platform used:	
Type of activity/what the child or young person will be doing:	

### Child details

Name of child:	
Child's date of birth:	
Child's gender:	

### Parent/carer contact details

Name:	
Relationship to the child:	
Address:	
Contact details:	Email: Mobile:

### In an emergency, please contact (if different from the person named above):

Name:	
Relationship to the child:	
Address:	
Contact details:	Email: Mobile:

### Additional information

Any extra help we need to provide (for example because of a disability):	Yes (please provide details) / No
Do we need to know about any medical conditions or allergies? (If yes, please provide details of the condition(s) and any medication needed)	Yes (please provide details) / No
Is there anything else you think we should know?	Yes (please provide details) / No

### Information for parents/carers

- All questions on the consent form must be completed and signed by the parent or carer before any child takes part.
- Parents and carers must ensure they notify us of any changes to the information given on the form.
- We cannot take responsibility for any damaged clothing and/or personal items during the activity.
- Parents and carers should ensure children have sufficient water, food, clothing, sun lotion and medication (where appropriate) for the duration of the activity.

### I agree to:

My child taking part in the stated activity	Yes / No
[name of group/organisation] keeping a record of this form for health and safety reasons	Yes / No
my child following the behaviour code and any safety rules so that [name of group/organisation] can keep them safe.	Yes / No
Name	
E-signature	
Date	