



**Marian Mission Educational & Family Support Centre  
Short break Service  
PARENTAL CONSENT FORM**

School: \_\_\_\_\_ Refugee/Asylum seeker: Yes / No

Address: \_\_\_\_\_ Tel: \_\_\_\_\_

Name of Pupil: \_\_\_\_\_ D.O.B: \_\_\_\_\_ CLASS/Form \_\_\_\_\_  
Religion: \_\_\_\_\_ Ethnic Origin: \_\_\_\_\_ GENDER: M / F

Name of Parent/Guardian #1: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Address: \_\_\_\_\_

Tel: \_\_\_\_\_ Mob: \_\_\_\_\_ Email \_\_\_\_\_

Name of Parent/Guardian #2: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Address: \_\_\_\_\_

Tel: \_\_\_\_\_ Mob: \_\_\_\_\_ Email \_\_\_\_\_

**CONSENT/DECLARATIONS**

- |   |     |    |
|---|-----|----|
| I consent to my child/ward taking part in the short break/ befriending service  | Yes | No |
| I consent to my child's/ward's details being kept on a database as a requirement of attending the programme .....   | Yes | No |
| I consent to the using of any photos/film footage for the purpose of positively promoting the activities .....  | Yes | No |
| I understand that any photos/film footage may be used in internally produced literature or displays by the LBWF or Marian Mission or in their website, national, regional or local media for a maximum of 5 years ..... | Yes | No |
| I consent to my child/ward travelling by minibus/bus/Train .....  | Yes | No |
| I will pick up my child/ward from the activity at the Home time .....   | Yes | No |
| I reserve the right to instruct the LBWF or the Marian Mission to cease using the photos/film footage in any material at anytime  |     |    |

**RESPONSIBILITY OF THE PARENT/GUARDIAN:**

The parent/guardian **is responsible** for ensuring that:

- His/her child/ward is picked up on time after each session.
- His/her child/ward's session is pre-booked using the **short break/ befriending service** booking form
- His/her child/ward understands that any rules and instructions given by staff must be followed, particularly our **Camera and Mobile Phone Policy**.
- The Ofsted regulation on the use of cameras and mobile phones are observed at all times by parents/guardians.

\*\*\* I agree to attend the Parents / Staff Association (PSA) meetings to discuss the progress and promotion of services offered to my child and other children.

Name of the Parent/Guardian #1: .....Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Name of the Parent/Guardian #2: .....Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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