filmanthropy
lights, camera, community action

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CONSENT FORM

TRIP _____ **DATE** ____ / ____ / ____

CHILD'S NAME _____

PARENT/ GUARDIAN NAME
If under 16 years old _____

EMERGENCY CONTACT NUMBERS _____ ( )
Please put name and relation in brackets

_____ ( )

By signing this trip consent form, I give permission for my child to go on a trip or other off-site activity with Filmanthropy as part of their activity provision. By giving my consent, I understand that:

1. It is my responsibility to get myself/ my child to and from the departure and return sites at the time given by Filmanthropy staff in advance of the trip. Once my child is handed over to Filmanthropy staff, they will be accompanied at all times, including whilst travelling from the departure site to the destination site, and from the destination site to the return site, until handed back to me or travelling home solo. Filmanthropy will not be responsible for my child before and/ or after these points.
2. My child is expected to behave responsibly and follow both Filmanthropy and the destinations guidance, rules, procedured and policies. If my child violates these in a serious manner, I understand that they may be excluded from this and/ or future trips.
3. I am responsible for the actions of my child, and I release Filmanthropy from all claims and liabilities that arise in connection with the trip, except if it is due to the negligance of Filmanthropy staff.
4. As part of this agreement, I confirm that my child is medically fit to participate in all activities described by Filmanthropy. Staff cannot accept responsibility for any medical conditions that are not made known to them prior to the visit.
5. I agree that in the event of an emergency injury or illness, the staff member(s) in charge may act on my behalf and my child may being given first aid or urgent medical treatment.

Below are the details of any medical condition that my child suffers from and any medication that my child needs to take during off-site visits, including any food allergies:

_____

_____

SIGN HERE

NAME _____

DATE _____