Children's Safeguarding Policy for Shropshire Sheep Breeders' Association Limited ("SSBA")

CONSENT FORM

1. Programme / Activity information:

Date(s) of activity:

Location:	
Description of activity /	
what young person will	
be doing:	
Purpose / objectives of	
the programme /	
activity(ies)	
2. Young / Vulnerable p	erson's details:
Full name:	
Home address:	
Contact phone number:	
Contact phone number:	
Email address:	
Date of birth:	
Date of birtin.	
Gender:	
3. Responsible Adult	
	g this event need to be always accompanied by a parent or guardian.
Full name of Parent / Guardian:	
Home address:	
Contact phone number:	
Email address:	

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4. Emergency contact information:

If the SSBA needs to contact another person in the event of an emergency, who would you like us to contact?

Emergency contact name:	
Emergency contact home address:	
Emergency contact phone number:	
Emergency contact email address:	
Emergency contact relationshi Eemergency contact relationsh	
5. Parent / guardian con	sent (please sign as indicated at bottom of section):
I agree to my child tak	e part in the stated programme and proposed activities
 I agree to the SSBA sha only necessary information 	aring my personal data if required to keep my child safe. I understand that ation will be shared.
filmed or photographe	(please delete) to my child / vulnerable person and / or myself being ed during the programme. I understand that these photographs/media ed for publications, marketing, or posts made on social media.
	ay safe and enjoy the programme my child and I must follow any safety uct communicated to me (verbally or in writing) by programme staff.
Print name:	
Signature:	
Date:	