**LITTLE HAVENS GENERAL CONSENT FORM**

**Consent form for:**

|  |  |
| --- | --- |
| **Child’s Name** | Click or tap here to enter text. |
| **Date of Birth** | Click or tap here to enter text. |
| **NHS Number** | Click or tap here to enter text. |

Please initial box A or B as appropriate **A B**

|  |  |  |
| --- | --- | --- |
|   | **I give my consent** | **I do not give consent** |
| For my child to participate in the following: Outings by minibus Other transport Hydrotherapy Spa Pool Group activities Spiritual Support Sessions | [ ] [ ] [ ] [ ] [ ] [x]  | [ ] [ ] [ ] [ ] [ ] [ ]  |
| For my child to have photographs taken and used for: * Care Records
* Therapeutic activities/artwork
* Pictorial memories (to be handed back to the family)
* Media (if you are happy for us to share your child’s photos publicly, we’ll speak to you about a separate Consent for Publicity Form)
* I am/am not happy for group photographs to be shared amongst the other patients/children featured
* Updating parent / carer of activities and events during stays sent via WhatsApp
 | [ ] [ ] [ ] [ ] [ ] [ ]  | [ ] [ ] [ ] [ ] [ ] [ ]  |
| Internal clinical audit (The audit process is completely anonymous and is used to monitor and inform standards of care) | [ ]  | [ ]  |

**I understand these consents can be changed at any time to suit my child’s needs.**

**Signed by Parent/Guardian:** Click or tap here to enter text.

**Print name:** Click or tap here to enter text.

**Signed by Child/Young Person:** Click or tap here to enter text.

**Print name:** Click or tap here to enter text.