**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 |  |  |
| 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.