

# FOXGLOVES

## PARENTAL CONSENT FORM

for: :..... YP name



To play on the  
bouncy castle at  
Foxgloves

A full risk assessment of the activity has been completed and all young people will be supervised by Foxgloves staff.

**NB. Your child will be supported according to their Care plan, Risk Assessments and agreed staffing levels at all times**

|                                     |  |
|-------------------------------------|--|
| <b>Print name</b>                   |  |
| <b>Signature</b>                    |  |
| <b>Relationship to young person</b> |  |
| <b>Date</b>                         |  |