

## Declaration of Consent

I declare:

(Please fill out the name of the parent or legal guardian)

First name, surname: \_\_\_\_\_

Agree that my son, daughter, or child in my care:

(Please fill out the name and details of the child or legal charge)

First name, surname: \_\_\_\_\_

Address: \_\_\_\_\_

Postcode: \_\_\_\_\_

Telephone number: \_\_\_\_\_

Date of birth: \_\_\_\_\_

During the Project Week, recordings and photographs will be taken by the RespAct team and/or the press. This material will be used for the following purposes (please delete as appropriate):

- In the presentation to the parents and class on the last day of the Project Week,
- For evaluation purposes,
- In the presentation of RespAct in the media.

\_\_\_\_\_  
Place, Date

\_\_\_\_\_  
Signature of Parent or Guardian