

**PARENT/GUARDIAN CONSENT FORM for RAISED IN YORKSHIRE 2024-2026**

**Allerton Grange School**

Child's Full Name ..... Class .....

Child's Home Postcode .....



I have read and understood all the information in the parent/guardian information sheet provided.



I confirm that my child is **not** immunosuppressed and does **not** have any severe bleeding conditions (e.g., haemophilia).



I agree to my child taking part in **RAISED in Yorkshire**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Name of parent/guardian: \_\_\_\_\_ Relationship to child: \_\_\_\_\_

**OPTIONAL** - Please add your **initials in the box if you agree** to the following:



I **agree / disagree** to my child being involved in photographs/videos taken by the Raised in Yorkshire team.



I **agree / disagree** to participate in the short phone interviews about my child's oral health habits.

**If you are happy to be contacted, please provide a contact telephone number for Parent/guardian:**

-----

Please **circle** your preferred day(s) and time to be contacted

Anyday Monday Tuesday Wednesday Thursday Friday.

Time: Morning Afternoon. Evening