



Therapeutic  
Activities  
Group CIC



ODISSYS

## Parent/Guardian Consent Form

Your child has been selected to engage with The Baxter Project. The project aims to support your child with the aid of companion animals to help them work through any troubles or difficulties they may be experiencing or help to address any challenging behaviour that they may be displaying. The sessions take place weekly/fortnightly on an ongoing basis and involve walking and talking. The project is voluntary and your child can opt out at any time, however, as sessions can take place off school site parent/guardian consent is required.

For more information please visit [www.thebaxterproject.co.uk](http://www.thebaxterproject.co.uk)

Parent/Guardian Name \_\_\_\_\_

Relationship to Child \_\_\_\_\_

Name of Child \_\_\_\_\_

Date of Birth \_\_\_\_\_ Post Code \_\_\_\_\_

Child's School \_\_\_\_\_

Parent/Guardian e-mail \_\_\_\_\_

**Does your child suffer from any condition requiring medical treatment including medication?**

**If yes please specify** \_\_\_\_\_

**I give permission** for my child to take part in The Baxter Project and for the information to be held and used by Therapeutic activities Group CIC and our partner ODISSYS.

**I give permission** for medical attention to be sought in case of emergency.

**I understand** that in order to support my child the best way possible, information may be shared with relevant organisations regarding the protection of my child and others.

**Additionally** - I acknowledge that photographs may be taken for use in official Baxter Project publications including social media. Please tick one box below:

**I am happy for photographs to be taken**  **I prefer photographs not to be taken**

Dated \_\_\_\_\_ Signature \_\_\_\_\_

**Thank you for completing and returning the form to school**

Once returned, please can he school scan and email this referral form to  
[consent@thebaxterproject.co.uk](mailto:consent@thebaxterproject.co.uk)