PRECONCEPTION HEALTH AWARENESS FOUNDATION (PCHAF)

PARENTAL/GUARDIAN CONSENT FORM

{For Volunteers Under the Age of 18}

The **PRECONCEPTION HEALTH AWARENESS FOUNDATION** welcomes young people who wish to contribute to our mission through supervised volunteer service. To protect the safety and wellbeing of all participants, individuals under the age of eighteen (18) may only volunteer with the written consent of a parent or legal guardian.

Parent/Guardian Consent

I, ……., am the parent/legal guardian of ……., who is ……. years old. I give my full consent for the above-named minor to participate as a volunteer with **PRECONCEPTION HEALTH AWARENESS FOUNDATION** and to take part in approved programmes, training sessions, meetings, outreach activities, environmental projects, awareness campaigns, community engagements, and other volunteer activities organised by the Organisation.

Supervision Requirement

I understand that volunteers under the age of eighteen (18) must be accompanied and appropriately supervised by a parent, legal guardian, or another responsible adult expressly approved by the Organisation during all in-person volunteer activities, unless the Organisation expressly states otherwise in writing.

Assumption of Risk and Release of Liability

I acknowledge the participation and I voluntarily permit my child to participate and, to the fullest extent permitted by applicable law, release and hold harmless **PRECONCEPTION HEALTH AWARENESS FOUNDATION**, its trustees, directors, officers, employees, volunteers, partners, sponsors, and agents from liability for any injury, loss, damage, or expense arising from my child's participation.

Medical Authorisation

In the event of an emergency where I cannot be reached within a reasonable time, I authorise the Organisation to obtain appropriate emergency medical treatment for my child. I understand that I remain responsible for any medical expenses incurred unless otherwise covered by applicable insurance or law.

Photo, Video and Media Release

I grant **PRECONCEPTION HEALTH AWARENESS FOUNDATION** permission to photograph, record, or otherwise capture my child's image, voice, or likeness during volunteer activities and to use such materials for lawful educational, informational, fundraising, reporting, advocacy, archival, and promotional purposes in print, digital, broadcast, and social media without further notice or compensation. I understand that this consent may be withdrawn prospectively by written notice, provided such withdrawal will not affect materials already published or lawfully used before the withdrawal.

Confidentiality and Code of Conduct

I understand that my child may have access to confidential information relating to the Organisation, its beneficiaries, donors, partners, staff, or volunteers. My child agrees to maintain the confidentiality of such information and to comply with all organisational policies, safeguarding requirements, health and safety procedures, and the Volunteer Code of Conduct.

Data Protection

I consent to the collection, use, storage, and processing of my child's personal information, and my own where necessary, for volunteer recruitment, administration, safeguarding, communication, monitoring, reporting, and other legitimate organisational purposes in accordance with the Organisation's Privacy Policy.

Acknowledgement

I confirm that I have read and understood this Consent Form, have had the opportunity to ask questions, and voluntarily give my consent for my child to participate as a volunteer with **PRECONCEPTION HEALTH AWARENESS FOUNDATION**. I understand that volunteer participation is unpaid, does not create an employment relationship, and may be suspended or terminated in accordance with the Organisation's policies.

Volunteer's Name: ……..

Volunteer's Date of Birth: ……..

Parent/Guardian's Name: ……..

Relationship to Volunteer: ……..

Parent/Guardian's Telephone: ……

Parent/Guardian's Email: ……

Emergency Contact (if different): ……..

Emergency Contact Number: ……

Parent/Guardian's Signature: ……

Date: ……..

Founder (PCHAF): ……..

Signature: ……

Date: ……