

Bumble

Bee

Physio

BBP SDR Superheroes Project Consent Form

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| --- | --- |
| **Consent** | |
| Child’s name: |  |
| Parent’s name: |  |
| I give consent for the below information about my child to be shared on social media, and on the Bumble Bee Physio Ltd website (please tick) |  |
| I give consent for the photos I have provided of my child to be shared on social media, and on the Bumble Bee Physio Ltd website (please tick) |  |
| I understand that all information and photos will be stored in accordance with GDPR and healthcare professional guidance from HCPC, CSP and ICO (please tick) |  |
| Signature: |  |
| Name (printed): |  |
| Date: |  |

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| --- | --- |
| **SDR Superhero Information** | |
| First name: |  |
| Favourite thing: |  |
| Type of CP: |  |
| 1 or 2 disabilities pre SDR: |  |
| 1 or 2 abilities post SDR: |  |
| Any additional information you or your superhero would like included: |  |