

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:  |  |