

# KEEP OUT

## The Crime Diversion Scheme

### Parent/Guardian of Young Person's Consent Form

The young person named below is attending a KeepOut event at HMP:

BRIXTON/COLDINGLEY/LEWES/SEND (please delete as appropriate)

He/she will be made aware of the establishment rules whilst inside the prison and he/she will be expected to conduct himself/herself accordingly.

Required prescription medication should be given to the Group Leader who will notify the KeepOut staff member on arrival.

He/she will be required to sign the KeepOut confidentiality policy.

As his/her parent/guardian you are required to sign this consent form before the visit.

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## The Crime Diversion Scheme

### Parent/Guardian of Young Person's Consent Form

I give my consent for \_\_\_\_\_ (name)

to attend a KeepOut event at HMP:

BRIXTON/COLDINGLEY/LEWES/SEND (please delete as appropriate)

Signed \_\_\_\_\_ Date \_\_\_\_\_

(Please print name)

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