

Trust

Care

Innovation

Pride

# HMP LOWDHAM GRANGE

## VISITS PARENTAL CONSENT FORM

A new form is required to be completed, signed and presented to the outside visits clerk at HMP Lowdham Grange for every visit that a child is attending without the legal parent or guardian, no photocopies will be accepted with a new form being completed for every visit. Failure to do so will result in the visit being refused. A copy of this form can be obtained from the visiting hall, the outside visiting centre, sent out via the Royal Mail by the prisoner you wish your child to visit or downloaded for printing from our website [www.hmp-lowdham-grange.org.uk](http://www.hmp-lowdham-grange.org.uk). If you require guidance in how to complete this form or for any more information please contact the visits department. Please include the prisoners NOMs number along with his name.

I, \_\_\_\_\_ the consenting parent of the child/children listed give my permission for  
\_\_\_\_\_ to act as a guardian and accompany the child/children listed on a domestic visit with  
\_\_\_\_\_ on \_\_\_\_\_ at HMP Lowdham Grange.

### Consenting Parent Details

Title

Name

Forename

Surname

Date of Birth

 /  /   
DD MM YYYY

Contact Number

Address

House/Flat No.

Street Name

Address Line 1

Town

County

Postcode

### Authorised Guardians Details

Title

Name

Forename

Surname

Date of Birth

 /  /   
DD MM YYYY

Contact Number

Address

House/Flat No.

Street Name

Address Line 1

Town

County

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**Child Details**

**Name**

Forename

Surname

**Date of Birth**

 /  / 

DD MM YYYY

**Child Details**

**Name**

Forename

Surname

**Date of Birth**

 /  / 

DD MM YYYY

**Child Details**

**Name**

Forename

Surname

**Date of Birth**

 /  / 

DD MM YYYY

**Child Details**

**Name**

Forename

Surname

**Date of Birth**

 /  / 

DD MM YYYY

**Child Details**

**Name**

Forename

Surname

**Date of Birth**

 /  / 

DD MM YYYY

**Child Details**

**Name**

Forename

Surname

**Date of Birth**

 /  / 

DD MM YYYY

**Consenting Parent Signature:**..... **Date:**.....

**Authorised Guardian Signature:**..... **Date:**.....

Please note all details on this form will be checked for accuracy by Police.