

Parental consent form

To be filled in for any activity not specified in the registration form

Name of child.....

Address of child.....

Name of group.....

Activity/event (give details here or on a separate sheet).....

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Departure date.....

Departure time.....

Return date.....

Return time.....

Name of leader.....

Name and contact details in the parish during the event.....

.....

I give consent to my child taking part in this event as detailed above (or on a separate information sheet).

I agree to any emergency medical treatment to be given as considered necessary by the medical authorities if I cannot be contacted (*NB: The medical profession takes the view that a parent's consent to medical treatment cannot be delegated. Medical consent forms have no legal status and a doctor has the right to insist on parental consent before treating a child. We have found however, that medical staff find this type of general consent helpful*).

Signed.....

Date.....

Parent's name and contact details during the event.....

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If not available please contact.....

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Details of any medical condition, allergies, phobias or disabilities which your child may have.

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Details of any medication (please ensure an adequate supply is brought to the event).

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Date of last tetanus injection.....

Details of any dietary requirements.....

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Doctor's name.....

Address.....

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Telephone number.....

Any other information you think the organisers should know?

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