

Parental Consent and Medical Form for Events, Activities and Residential Holidays for Under 18's

Name of church

Group

Event

Venue Date(s):

This form must be completed by a parent/guardian in order for the child/young person to participate in the event/activity. It should be signed and returned to:

Name

by (date)

PLEASE NOTE: IF THIS FORM IS NOT COMPLETED IN FULL AND RETURNED TO THE PERSON NAMED ABOVE THE CHILD/YOUNG PERSON WILL NOT BE ABLE TO PARTICIPATE IN THE EVENT/ACTIVITY.

Full name of child/young person

Date of birth / /

Address

Postcode:

Telephone number(s):

The person to contact in case of emergency during this event is:

Name

Relationship to child/young person:

Address:

Telephone number(s):

Should the above not be available, please contact:

Name

Relationship to child/young person:

Address:

Telephone number(s):

Child's/young person's registered GP

Name

Address

Telephone number(s):

National Health Number

Please state date of last anti-tetanus injection (if known) / /

Does the child/young person suffer from any allergies? (e.g. medicine, food, insects...) (If yes, please give details)

Does the child/young person have any medical conditions about which we should be aware? (e.g. asthma, fits, migraine, epilepsy) (If yes, please give details)

Does the child/young person have any disability about which we should be aware? (If yes, please give details)

Is the child/young person taking any medication? (If yes, please give details.)

Has the child/young person been in contact with or suffered from any disease which is or may be contagious or infectious, in the last four weeks? (If yes, please give details.)

Declaration

Please note that this declaration can only be signed by those with parental responsibility (e.g. this does not include a foster carer).

- I give permission for [insert name] to take part in the event named above.
I consider my son/daughter to be medically fit to participate in the activities outlined.
I require that my son/daughter be excluded from the following:

I UNDERTAKE TO INFORM THE LEADER SHOULD ANY OF THE ABOVE INFORMATION CHANGE BY THE DATE OF THE EVENT.

In an emergency and/or if I cannot be contacted, I am willing for my child to receive necessary hospital or dental treatment including an anaesthetic:

Yes No (Please tick)

Signed (parent or adult with parental responsibility) Date