

Parental and Medical Consent Form

Parish :

Group :

Event :

Date(s) :

Please Note : All information is for our records only and will be treated as STRICTLY CONFIDENTIAL. It will only be disclosed to those who require the information (ie leaders, medical professionals etc), and will be kept secure.

Young Person's Details

Full Name :

Gender: Male / Female

Date of Birth :

Address :

Carer's Details

Where possible, please give details of both parents / carers.
It is important that the contact(s) given can speak English

Carer 1

Carer 2

Full Name :

Daytime Tel :

Evening Tel :

Mobile :

Group Leader's name :

Name of an additional contact and their relationship to young person :

Additional Contact's Telephone Numbers :

I, the parent/guardian, give permission for the named young person to take part in the activity mentioned above.

- I have read and understood the Code of Conduct and information sheet about this activity
- I understand that during the above event he/she will be in the charge of the group leaders
- The leaders will take all reasonable care, but
- I understand that the young people involved may not be *constantly* supervised
- My son/daughter understands that any serious misconduct on their part may affect their participation, according to the agreed Code of Conduct, and that they may not be allowed on future events
- The leaders and anyone working with them cannot, in the absence of gross negligence on their part, be held responsible for any loss of or damage to personal effects
- I give permission for photographs of him/her to be displayed in a manner in which he/she will not be identifiable, for promotional purposes or for the rest of the parish to see (please delete if you do not give permission)

Signed :

Date :

Printed:

✘Please now fill in the sheet overleaf about your child's medical details✘

Medical and Essential Information

The medical consent signed for below will only be exercised in emergency circumstances when the carer(s) and additional contact are unreachable.

We do not exclude young people because of their medical needs. However, it is essential that we have full details in order to provide the best standards of care.

If you need more space, please continue on a new sheet of paper. If you wish to discuss this form further, please don't hesitate to get in contact with us!

Does your child have any medical condition?

Does your child have any regular medication or medical treatment?
(name / dosage / purpose / self-administered?)

Does your child have any allergies? (medication / food / environmental etc?)

Any specific dietary requirements?

Any travel sickness? If so, will you be giving them tablets?

Name and contact details of your child's GP :

Any phobias, toileting or night-time difficulties that we should be aware of?

Are there any activities (such as swimming) that your child cannot participate in?

If known:

Has your child received a tetanus injection in the last 5 years?

Blood Group:

I confirm that my child is in good health, does/does not suffer from diabetes, and does/does not suffer from epilepsy (delete where appropriate).

We are pleased to discuss any elements of this activity that you may have concerns about. Having read the information sheet for this activity, is there any further information that the leaders should be aware of?

- I will inform the activity organisers if my child comes into contact with any infectious diseases up to 4 weeks before the activity.
- I understand that I will be contacted in the event of my child being taken ill or injured during the period of the above event, and that my consent will be requested for any treatment deemed necessary by the appropriate medical authorities.
- In the event that I am not able to be contacted and to the extent that a surgical operation or injection becomes necessary, I authorise the above mentioned group leader to sign on my behalf any forms of consent requested by the medical authorities, provided the delay required to obtain my own signature might be considered likely to endanger his/her health or safety.

Signed :

Parent / Guardian

Print:

Date :