

Parental Consent Form

To be completed for any activity not specified in the Registration form

Child's details

Full Name

Address

.....

Details of any medical condition, medication taken, allergies, phobias or disabilities for named child

.....

Details of any dietary requirements

Any other information the organisers should know

.....

Parent's or guardian's details

Name and contact details during the event

If not available please contact

Activity Details

Name of group

Activity or event

.....

Departure details.....

Return details

Name of leader(s)

Consent

- I give consent to my child taking part in this activity or event as detailed above
- I agree to photographs of activities including my child to be taken for use within the church community and for possible publication including newspaper or internet
- 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