

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



Group

Event

Venue

Date(s) and times: From.....To.....

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:

Nameby (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):

Email address:

Should the above not be available, please contact:

Name

Relationship to child/young person:

Address:

.....
Telephone number(s):

Email address:

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

Child's/young person's registered GP

Name

Address

Telephone number(s):

Does the child/young person suffer from any allergies? **Yes /No** (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? **Yes/ No** (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? **Yes /No**

.....
.....

(If yes, please give details)

.....
.....
.....

Is the child/young person taking any medication?

Yes /No

(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? **Yes /No**

..... (If yes, please give details.)

.....
.....
.....

Can the child/young person swim?

Yes/No

If yes, how far can they swim? Up to 50 m/ up to 100m/ above 100m (please circle)

Declaration

- 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 give permission for photographs to be taken and used on social media/ website for marketing purposes only.

Yes/No

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**

Signed (parent or adult with parental responsibility) Date / /

Notes for Administrator

- A separate form is needed for each child
- A separate form is needed for each and every activity/event taken off site
- Administrator should fill in the event title and dates and times of the event/activity