



Parental / Guardian Consent Form*

Overnight

The information contained in this consent form will be kept confidential and only shared with personnel on a “need to know” basis. If you do not fully understand any of the following questions, need further information or wish to discuss any of your answers, it is most important that you contact the organiser of the activity immediately.

These questions are not designed to exclude your son or daughter. Rather our intention is to ensure that parents/ guardians, youth leaders and organisers are fully aware of the details of this activity / programme, any special risks or concerns and any special supports that may be needed to be put in place. Our top priority at all times is the safety of all participants at all times and your co-operation is essential in this regard.

** (Essential for all children aged under 18).*

Activity: _____

Leaders _____

**I / We the parent(s) / guardian(s) of _____
who was born on _____ / _____ / _____ hereby give permission for my / our
child to partake in in this particular activity organised and run by the Parish.**

I / We authorise, confirm and agree that the Leaders specified in the schedule hereto or their nominee shall have authority over our child and the right to give lawful instructions to our child to the same extent as we ourselves, would be able to do so.

I / We give permission and consent that photographs may be taken for promotional and record purposes during activities which may include our child.

Medical Consent

I / We understand that in the event of my / our child requiring medical attention all reasonable efforts will be made to contact me / us (or the Alternative Emergency Contact if I / we are uncontactable) at the contact numbers provided on this consent.

In the event of my / our child being taken ill or injured during the period of this consent, I / we hereby consent to any emergency medical, surgical or dental treatment that may be necessary in a situation where I / we cannot be contacted for the purposes of giving consent at the time of treatment.

I / We hereby authorise the Leaders specified to communicate our consent to any treating medical or dental practitioner.

Medical Details:

I / We confirm that the medical details in relation to my / our child are correct.

These are the medical details of my / our child.



If you answer YES to any question please provide details in the space provided below.

| | YES | NO |
|---|--------------------------|--------------------------|
| Has your child any serious illnesses? | <input type="checkbox"/> | <input type="checkbox"/> |
| Does your child take any regular medications? | <input type="checkbox"/> | <input type="checkbox"/> |
| Are there any medications that your child is allergic to and/or must not be prescribed? | <input type="checkbox"/> | <input type="checkbox"/> |
| Does your child have any allergies? | <input type="checkbox"/> | <input type="checkbox"/> |
| Has your child any special dietary requirements? | <input type="checkbox"/> | <input type="checkbox"/> |

If yes to any question please provide details below

Family GP Details:

Name of Doctor:

Address:

Contact No:

Additional Information:



Parent / Guardian Contact details:

Name:

Address:

Contact details (H):
Contact details (W):
Contact details (Mob):

Name:

Address:

Contact details (H):
Contact details (W):
Contact details (Mob):

Signature

Name (please print):

Date: