



## Parental Consent Form

Full Name of child: \_\_\_\_\_ Male  Female   
School Attended: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Phone number where I can be contacted in an emergency:-

Home: \_\_\_\_\_ Work: \_\_\_\_\_  
Mobile: \_\_\_\_\_

If I am unavailable please contact:-

Name: \_\_\_\_\_  
Phone No: \_\_\_\_\_  
Relationship to child: \_\_\_\_\_

Name and phone number of GP:

\_\_\_\_\_

Details of any medial conditions or allergies (e.g. Asthma/Diabetes/Epilepsy) and any medication:

\_\_\_\_\_

Any other special needs, requirements or directions that would be helpful for leaders to know:

\_\_\_\_\_

I will inform the leaders of any changes to my child's health, medication needs and also to any changes of address or phone numbers given.

In the event of illness or accident, having parental responsibility for the above named child, I give permission for first aid to be administered where considered necessary by a trained first aider, if available, or by a suitably qualified medical practitioner.

During the time your child will spend with us photographs and video footage may be taken for general purposes and for this we need your permission. On signing this form we assume you have given permission for your child's photograph to be taken unless otherwise informed.

Signature of parent / guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Name printed in full: \_\_\_\_\_