

Parental Consent Form

Please complete with required information and submit before start of event

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

Parents' or guardians' details:

Name and contact details during the event

If not available, please contact

E-mail address (optional) for notification of other events

Activity details:

Activity or eventHike and Picnic Lunch - Friday 11th August 2017

Departure details 10.00am- St Mary's Church Car Park

Return details 4.00pm - St Mary's Church Car Park

Event leader John Marshall (Tel: 07733 036741)

Consent:

I give consent to my child taking part in this activity or event as detailed above

I agree to any emergency 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