**Parental Consent and Medical Information Form**

To be completed and returned by the parent/legal guardian of all under 18’s years taking part in any ad-hoc church based outing, event or activity, not covered in the Registration Form.

**Details of Event/Outing**

Date: …………………………………………………………………………………………Time:…………………………..…………………

Location: ……………………………………………………………………………………………………………………………………………

Details of Activities (if applicable):……………………………………………………………………………………………………..

Name of Leader: ………………………………………………………………………………………………………………..………………

**Child’s Details**

Name of Child: ….………………………………………...……………………………………………………………………………….……

Address: …………………………………………………………………………………………………………………………………………….

Whilst your child is in our care it would be helpful for us to know whether he/she suffers from any allergies, is on any medication or whether there is anything else you would consider important for us to know, e.g. does your child have any special needs?

 Does your child have any food allergies? (please specify) …………………………………………………………..

 Does your child have any medical conditions? (please specify)……………………………………………………

 Is s/he on medication? (please specify) …………………………………………………………………………………..….

 Does s/he have any special needs? (please specify) ……………………………………………………………..…….

 Is there anything else you would like us to know about your child?................................................

Family doctor’s name, address and telephone number ……………………………..……………………………………… ……………………………………………………………………………………………………………………………………………………………

**Emergency Contact details for parents/guardians**

Parent/Guardian’s Name and Contact telephone number during event/outing time:

……………………………………………………………………………………………………………………………………………………………

Contact name and number for an alternative adult if not available ……………………………….………………….

Relationship to Child:………………………………………………………………………………………………………………………….

**Declaration and Consent**

I agree to my child ………………………………………………………….taking part in the above mentioned event/outing and all the activities described. I acknowledge the need for responsible behaviour and obedience on his/her part.

In the event of illness, having parental responsibility for the above name child, I give permission for medical treatment to be administered where considered necessary by a nominated first aider, or by suitable qualified medical practitioners. If I cannot be contacted and my child should require emergency hospital treatment, I authorise a qualified medical practitioner to provide emergency treatment or medication.

I also undertake to inform the Group Leader/s as soon as possible if there are any changes to my child’s health, medication or needs and also of any changes to our address or phone numbers given between the date signed below and the start of the event.

Signed: ………………………………………………………………………….. Date: ………………………………...................

 **If you do not fill in this form and return it to the Group Leader, your child will not be able to attend the activity or event. Permission given over the telephone is NOT acceptable.**