**Parental consent form**

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| Event details |
| Name of young person |  |
| Address of young person |  |
| Activity/Event |  |
| Departure date/time |  |
| Return date/time |  |
| Meeting point |  |
| Name of leader |  |
| Contact details during event |  |

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| Parent details and young person medical |
| Parent name |  |
| Emergency Contact number |  |
| Second emergency contact number |  |
| Details of any medical condition, allergies, phobias or disabilities  |  |
| Details of any medication |  |
| Last tetanus injection (if known) |  |
| Dietary requirements |  |
| Doctor’s name |  |
| Doctor’s address |  |
| Doctor’s telephone |  |
| Any other details we should be aware of |  |

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

I agree to any emergency medical 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).*

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| Signed |  | Date |  |