

Consent for trips/events

For use by organisers of competitions away from home, camps, day trips, etc.

CONSENT FORM

Name of Child: _____ Date of Birth: _____

Race/Ethnic Origin: _____ Any Disability or Special Needs: _____

Event: _____

Date(s) of Event: _____

Home Address of person with parental responsibility:

_____ Post Code: _____

Tel. No. (DAY): _____ (EVENING): _____

Mobile No: _____

MEDICAL DETAILS:

Doctor's Name: _____ NHS Card No: _____

Additional details: (any information, given in confidence, of which the organisers should be aware – specific dietary requirements, details of any medication, allergies, etc.) _____

NB: IF ANY OTHER SPORT/ACTIVITY IS PLANNED, E.G. SWIMMING, CONSENT MUST BE OBTAINED FROM THE PERSON WITH PARENTAL RESPONSIBILITY AND DETAILS OF CHILD'S LEVEL OF COMPETENCE GIVEN.

Declaration:

I have received comprehensive details of this event and consent to my child taking part in the activities indicated. I consent to my child receiving any medical treatment, which, in the opinion of a qualified medical practitioner, may be necessary.

Signed: _____ (person with parental responsibility)

Date: _____