

PARENTAL CONSENT FORM

NAME OF CHILD:	
DATE OF BIRTH:	
CONTACT TELEPHONE NO:	
ADDRESS:	
ALTERNATIVE EMERGENCY CONTACT:	
TELEPHONE NO:	

- ✓ I/We agree to him/her taking part in all activities
- ✓ I/We have no objection to photography (video and stills) to be used in print (newspaper etc) or on the internet.
- ✓ He/she has no special medical/dietary/cultural needs
(*please delete as appropriate*).
- ✓ He/she has the following dietary/medical/cultural needs, including *any* disability or behaviour (including hurting him/herself or others), which may entail extra supervision by adults or specialist medical knowledge
(*please delete as appropriate*). You may send these details in a sealed envelope if you wish)

Details:

NAME: PLEASE PRINT	
SIGNED:	
PARENT/GUARDIAN:	
DATE:	

The organisers may ask for further details with regards to some medical needs or behaviour management. This is to ensure that all children/young people in the group can enjoy our activities as safely as possible. If you have any questions please get in touch with the organisers.