

**Consent Form by Parent/Guardian
To be involved in Special Activity (Residential)**

Activity YF Weekend Away Date 13-15th June

Name of Child _____

Address of Child _____

Telephone Number _____

Date of Birth _____

Please indicate if your child suffers from any of the following (note that none of these will exclude your child from the activity. The information is needed to enable us to make appropriate arrangements for your child.

allergy Bed wetting Asthma Epilepsy Other (please give details overleaf)

Give details of any medicine required, etc and how often it has to be taken _____

If you are happy for your child to receive pain killers where required then please tick as appropriate

Calpol 6+ Calpol 12+ Paracetamol

Any special cultural or dietary requirements _____

Do we need to do anything to ensure your child can take part in the activity? (wheelchair access, etc) _____

Is he / she allergic to penicillin? yes / no

Has he / she had an anti-tetanus injection within the past ten years? yes / no

Has he / she been in contact with any infectious diseases during the past three weeks? yes / no

If so, please give details _____

Emergency Contact during activity _____

Declaration by Parent/Guardian:
I _____ (insert name) as the parent/guardian of _____

Give my permission for my child to take part in _____

In the event of an emergency I give my permission for my child to receive appropriate medical / hospital treatment whilst recognising that every attempt will be made to contact me prior to such treatment.

Print Name: _____ Signed: _____

Date: _____

Family doctor's name and address _____