

# Parental Consent Form

## Child's details:

Full Name .....

Address .....

Details of any medical condition, medication taken, allergies, phobias or disabilities for named child

.....

Details of any dietary requirements .....

Any other information the organisers should know .....

## Parents' or guardians' details:

Name and contact details during the event .....

If not available, please contact .....

E-mail address (optional) for notification of other events .....

## Activity details:

Name of organising group ..... **St Mary's Church, Chipping Norton**

Activity or event ..... **Youth Full-Moon Hike – Thursday 15 August 2019**

Departure details ..... **8.00pm – St Mary's Church Car Park**

Return details ..... **12.00 midnight - St Mary's Church Car Park**

Event leader ..... **John Marshall (Tel: 07733 036741)**

## Consent:

- I give consent to my child taking part in this activity or event as detailed above
  - I agree to any emergency 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.

Signed ..... Date .....