

Parental Consent Form

Please complete with required information and submit before start of event

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:

.....
Activity or eventRemix & St Mary's Church Boys Hike Breakfast

.....
Departure details 09.00- Chipping Norton School Car Park

.....
Return details 12.00 - 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.

Signed Date

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