

PARISH OF ST MICHAEL AND ALL ANGELS, SANDHURST

YOUTH ACTIVITY CONSENT FORM 2017 (to be completed for any activity not specified in the Registration form)

Child's details:

Name of ChildDate of Birth

Address of Child.....

Activity or Event.....

Date of Activity or EventPlace.....

Start TimeFinish Time

Names(s) of Leader(s).....

Parent's or guardian's name and contact details during the event

NameTel:

If not available please contact Tel:

Details of any medical condition, allergies, phobias or disabilities which your child may have:

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Details of any medication Date of last tetanus injection.....

(please ensure an adequate supply is brought to the event, continue detail on reverse if necessary).

Details of any dietary requirements (if applicable)

Family doctor's name, address and telephone number:

Dr Address Tel:

Any other information you think the organisers should know:

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Consent:

I give consent to my child **taking part** in this event as detailed above.

I agree to **photographs** of activities including my child to be taken for use within the **church community** and for possible publication including **newspaper** and/or **internet** (delete as applicable)

I agree to any emergency medical treatment to be given as considered necessary by the medical authorities if I cannot be contacted.

Please tick each box as necessary

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 Name (please print)

Capacity: Parent/Guardian/Other (please specify) Date