

Parental Consent for an Activity

Child's Details

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| Child's Full Name: | |
| Date of Birth: | |

Nature of Event / Activity

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| Description: | |
| Date: | |
| Time: | |

Emergency Contact Details

Emergency Contact Details:

| | |
|---|--|
| Full Name: | |
| Relationship to Child/Young Person: | |
| Daytime Contact Number: | |
| Evening Contact Number: | |
| Mobile Number: | |
| Do you have parental responsibility for the child/young person? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| If not, name and contact details for person with Parental Responsibility: | |

Emergency Contact Details:

| | |
|-------------------------------------|--|
| Full name: | |
| Relationship to Child/Young Person: | |
| Daytime Contact Number: | |
| Evening Contact Number: | |
| Mobile Number: | |

| | |
|---|--|
| Do you have parental responsibility for the child/young person? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| If not, name and contact details for person with Parental Responsibility: | |

Child/Young Person's Doctor

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|---------------------------|--|
| Name of surgery: | |
| Name of Doctor: | |
| Surgery Address: | |
| Surgery telephone number: | |
| Child's NHS Number: | |

Code of Conduct

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| I understand that all leaders and helpers will be expected to adhere to the Code of Conduct. | <input type="checkbox"/> |
| I acknowledge the need for my child also to behave responsibly and will ensure that this expectation to behave in accordance with the Code of Conduct for Young People is fully understood by my child. | <input type="checkbox"/> |

Medical Information

Medications

Does your child have any condition/s requiring the administration of medications or other treatment?

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| Yes | <input type="checkbox"/> |
| My child requires the following medications and treatment: | |
| I confirm that I have discussed management/administration/storage of medications with the event leader. | <input type="checkbox"/> |
| No | <input type="checkbox"/> |

Immunisations

Please confirm whether your child has had the governmentally recommended immunisations for their age?

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| <input type="checkbox"/> Yes |
| <input type="checkbox"/> No |

Please state the date of their most recent Tetanus immunisation:

Allergies

Please detail your child's known allergies:

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| ↳ | |
| My child has an EpiPen: | <input type="checkbox"/> |
| My child has the following EpiPen: | |
| I confirm that I have discussed its management/administration/storage with the event leader | <input type="checkbox"/> |

Dietary Requirements

Please list any dietary requirements, both due to intolerance and personal beliefs:

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Pain Relief

In the event that your child has a fever or is injured and we need to give pain relief, are there specific indications about the type of pain relief used and dosage?

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Additional Emotional Needs

Does your child have any additional emotional needs, other than the usual needs of a child their age? For example, have they suffered trauma, have any fears or phobias, or any medical conditions that affect their behaviour?

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We will use this information to help responsible adults to support your child should any difficulties arise.

Additional Physical Requirements

Is there any other relevant information/specific requirement/s that needs to be known? (e.g. travel sickness/mobility requirements)

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Contagious Diseases

To the best of your knowledge, has your child been in contact with any contagious or infectious diseases or suffered from anything in the last few weeks that may be contagious?

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Transportation

Please complete full details as to how your child will travel, including name and contact details of person(s) responsible for transportation/drop-off/collection:

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| To and from the activity or pick-up point: | |
| If relevant, during the activity or trip: | |

Statement of Consent

I give my express consent to my child, as named above, participating in the activities detailed in this form:

| | |
|---------------------------|--|
| Signature: | |
| Parent/Carer's Full Name: | |
| Date: | |