

I CONSENT TO MY CHILD (FULL NAME) \_\_\_\_\_

GOING ON THE UPCOMING TRIP TO \_\_\_\_\_

ON (DATE) \_\_\_\_\_

UNTIL (IF DIFFERENT DATE) \_\_\_\_\_

I WILL ENSURE MY CHILD IS

DROPPED OFF AT THE DESIGNATED DROP OFF POINT AT \_\_\_\_\_

AND THEY WILL BE PICKED UP AT \_\_\_\_\_

SIGNED BY (PRINT NAME) \_\_\_\_\_ (SIGNATURE) \_\_\_\_\_

## PERSONAL CONTACT INFORMATION

Please fill out the following contact and health information so we can make sure our records are up to date. **Permission & Consent (to be completed by Parent/Guardian)**

Personal & Contact Information (to be completed by Parent/Guardian)

Participant Name \_\_\_\_\_

Date of Birth \_\_\_\_\_

Home Address (incl. Postcode) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Parent/Guardian Name. \_\_\_\_\_

Address (if different from above) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Email Address \_\_\_\_\_

Contact Telephone Number

Daytime \_\_\_\_\_

Evening \_\_\_\_\_

Additional Emergency Contact Information

Name \_\_\_\_\_

Relationship to Participant \_\_\_\_\_

Contact Telephone Number

Daytime \_\_\_\_\_

Evening \_\_\_\_\_

Medical Information

Name of GP \_\_\_\_\_

Telephone Number \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Participant's NHS Number \_\_\_\_\_

Does the participant suffer from asthma, allergies, diabetes, epilepsy or and other medical problem that may affect normal activity?  
Please give details of condition & treatment.

Will the participant have any medication with them?  
Please give details.  
(those under 10 any medication is to be given to person in charge)

Does the participant have and special dietary needs?  
\_\_\_\_\_  
\_\_\_\_\_

\*Please notify the group leader or person in charge if the participant has been in contact with any infectious disease within 3 weeks prior to the event.