

## Children's Parental Consent Form

Dear Parent / Guardian

Please complete and return the form below which relates to the forthcoming journey or activity for which you have already received details. The form gives your consent for your child to take part in this activity.

**School, College, Organisation, Family** (delete as appropriate)

**Visit or activity**

**Dates and Times**

**Name of child or student**

**Date of birth**

### Special Details

Any relevant information concerning your child's health requiring special attention but which does not prevent him or her taking part should be noted below. For example does your child:

- take medication and if so what is the dosage
- required? experience travel sickness?
- have diabetes, asthma or epilepsy?
- have any allergies?

**Has your child had any relevant recent illness?**

**Does your child have any specific dietary requirements?**

Do you have any additional comments? (e.g. special needs etc.)

**Swimming Ability (for water based activities)**

Is your child able to swim 50 metres?      Yes / No

Is your child water confident with regard to the proposed activity    Yes / No

- I would like my son/daughter to take part in the above mentioned visit or activity and have read the information provided. I understand the nature of the activity and accept the risk involved and agree to him/her taking part in the activities described.
- I consent to any emergency medical treatment required by my child during the course of the visit.
- I confirm that my child is in good health and I consider him/her fit to participate.

Signature of Parent / Guardian \_\_\_\_\_ Date \_\_\_\_\_

Name of Parent / Guardian \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Emergency contact numbers**

(home) \_\_\_\_\_ (work) \_\_\_\_\_ (mobile) \_\_\_\_\_

**Name of Family Doctor**

**Approximate date of last tetanus injection**