

Activity Consent Form

Please complete this form and return it to _____

A signed consent form is a condition of participation in this activity for those under the age of 18 years.

Child's name

Age

Date of Birth

GP name and telephone

Emergency contacts (2 if possible)

I am willing for (*Child's name*) _____ to participate in (*activity*)

_____ and confirm that he/she is willing to participate as fully as possible.

Furthermore, I permit (*Child's name*) _____ to travel on transport that has been designated as official for the purpose of this event. (e.g. minibus/coach/private vehicle)

(*Child's name*) _____ has the following medical condition(s) and requires the following medication and/or special diet:

I confirm that I have given my consent for my son/daughter to attend [*event title*]

_____ to be held on [*date*] _____.

I give permission for child named above to receive first aid if necessary.

I give permission for child named above to receive medical assistance from a medical professional in an emergency.

I understand that I will be contacted as soon as possible regarding this.

Parent/guardian signature

Date

Consent must be provided by the person with parental responsibility.