

Parental Consent Form



The group organising the event completes part A. Parts B, C and D should be completed by a parent or a guardian of the young person named in Part B. Please answer all questions, in order that the best possible care and quick effective action may be taken in an emergency.

PART A DETAILS OF THE EVENT

Name of Group _____
Event _____
Date/Time from _____ to _____
Leader (s) in charge _____

PART B DETAILS OF THE YOUNG PERSON

Full Name _____
Home Address _____
Telephone _____ Date of Birth _____

PART C MEDICAL DETAILS OF THE YOUNG PERSON

Doctor _____ Address _____
Telephone _____ National Health Number _____
Date of last anti-tetanus injection (if known) _____

1. Has s/he been away from home on their own before? Yes No
If the answer to any of the following questions is YES, give details overleaf
2. Has s/he been in contact with any infectious disease within the last three weeks? Yes No
3. Is s/he taking any medicine, following any treatment or diet, etc. that needs to be continued during the event? Yes No
4. Does s/he suffer from any recurrent illness – asthma, hay fever, migraine, fits or faints, bad period pains or any other illnesses or disability? Yes No
5. is s/he known to be allergic or sensitive to anything (e.g. penicillin, aspirin, other medicines, food etc.)? Yes No

PART D PARENTAL CONSENT

PERMISSION – I give my permission for the young person named above (in part B) to attend and take part in the activities of the event named in Part A.

AUTHORISATION – In the event of illness or an accident requiring emergency hospital treatment, I authorise the Leader(s) named in Part A of this form to sign on my behalf any written form of consent requiring by the hospital authorities, if the delay required to obtain my own signatures is considered inadvisable by the doctor or surgeon concerned.

Signed _____ Date _____
Name _____ Parent/Guardian