



Parental Consent Form

Name of Child:.....Date of Birth:...../...../.....

Name of Event:.....

Date(s) of Event:.....

Home Address of Parent /Carer:
.....
..... Postcode:.....

Tel No. (Daytime):..... Tel No. (Even):.....

Mobile No.:.....

MEDICAL DETAILS of CHILD:

Doctors Name and Address:

.....NHS Card No.:.....

Additional details: (any information, given in confidence, of which the organisers should be aware-specific dietary requirements, details of any medication, allergies etc .)

DECLARATION:

I have received comprehensive details of this event and consent to my child taking part in the activities indicated. I consent to my child receiving any medical treatment, which in the opinion of a qualified medical practitioner, may be necessary.

I am aware that photographs will be taken during the (BHS TREC Event) for promotional purposes, and DO/DO NOT (delete as applicable) give consent for my child to feature in such photos.

Signed:.....(Parent /Carer) Date:.....

Signed:.....(Child) Date:.....