



## Consent form

CHILD'S SURNAME	ADDRESS
CHILD'S FIRST NAME	POST CODE
DATE OF BIRTH	SCHOOL
DO YOU GIVE PERMISSION FOR YOUR CHILD TO BE PHOTOGRAPHED FOR PUBLICITY PURPOSES?	
GP/ SURGERY CONTACT DETAILS	
DOES YOUR CHILD NEED SPECIAL ADULT SUPPORT, OR HAVE ANY CONDITIONS, ALLERGIES OR MEDICATION WE SHOULD KNOW ABOUT? IF 'YES' PLEASE GIVE DETAILS	PARENT /GUARDIAN'S NAME
	EMAIL
	MOB

In the unlikely event of illness or accident, I give my permission for any necessary medical treatment to be administered by the nominated first aider, or suitably qualified medical practitioners. Should my child require emergency hospital treatment, I authorise an adult leader to sign on my behalf any written form of consent required by the hospital if I cannot be contacted. I understand that every effort will be made to contact me as soon as possible. I confirm that the above details are correct to the best of my knowledge. I give permission for these details to be retained for the purpose of informing you about future children's activities.

Signed: ..... Relationship to child:.....

Print name: ..... Date: .....