

Consent Form for Special Outings/Activities/Residentials

Name of Church:

Organisation:

Details of trip/outing/activity:

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Date: Time:

Method of Transport:

Cost (if any):

Collection Arrangements:

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I note the arrangements and give permission for my child
to take part in this trip/activity.

Please indicate details of any known medical conditions, allergies, special needs or requirements:

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In the event of illness or accident, having parental responsibility for the above named child, I give permission for first aid to be administered where considered necessary by a trained first aider, if available, or medical treatment to be administered by a suitably qualified medical practitioner.

If I cannot be contacted and my child should require emergency hospital treatment, I authorise an adult leader to sign on my behalf any written form of consent required by the hospital. However, I understand that every effort will be made to contact me as soon as possible.

Signed:

Relationship to Child:

Contact Telephone Numbers:

Home:

Mobile:

