

# Parental Consent Form (sample)

Name of Child: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Race/Ethnic Origin: \_\_\_\_\_ Any Disability or Special Needs \_\_\_\_\_

Event: \_\_\_\_\_

Date(s) of Event: \_\_\_\_\_

Home Address of parent/carer: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_ Post Code: \_\_\_\_\_

Tel. No. (Day): \_\_\_\_\_ (Evening): \_\_\_\_\_

Mobile No: \_\_\_\_\_

Medical Details:

Doctor's Name: \_\_\_\_\_ 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.

Signed: \_\_\_\_\_ (Parent/Carer)

Signed: \_\_\_\_\_ (Child)

Date: \_\_\_\_\_