

## Parental Consent Form - Marlborough Area 2012 Summer Programme

**Description of Activity: 2012 Summer Programme**

**Date of Activity's: 23rd July—1st September 2012**

**Lead Workers:**

### **Important - Please Read**

In order to ensure the proposed activity is planned, agreed and safe for all, this form **MUST** be completed and returned as below: -

- If you are under 18 years of age, you will not be allowed to participate in this activity unless this form has been signed by your parent/guardian
- If you are 18 years of age or over, you may complete and sign the form yourself
- All participants must sign the declaration at the end of this form

It is unlikely that you will be able to participate unless the form is **FULLY** completed and returned on or before the published date

Travel arrangements

Name of participant: .....

Address: .....

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.....Post Code: .....

Date of Birth: ..... Home Tel No: .....

Name of parent/guardian: .....

Address (if different from above): .....

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.....Post Code: .....

Home Tel No: .....Emergency Tel No: .....

Name of person to contact in emergency: .....

Address: .....

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.....Post Code: .....

Home Tel No: .....Emergency Tel No: .....

Name of doctor: .....

Address: .....

.....

.....Post Code: .....

Tel No: .....

Details of participants food allergies or other special dietary needs: .....

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Details of participants medicinal allergies, medical requirements or other special needs (Please provide full details of dosage and who is to administer any required medication:

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Any other details you wish to make the organisers aware of: .....

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**Declaration: Parent/Guardian (of participants under 18 years of age)**

In signing this document:

- I have read and fully understood the information relating to the proposed activity;
- I am satisfied that all reasonable care will be taken for the safety of those participating and that adequate staffing and safety measures have been arranged;
- I consider my son/daughter/ward to be medically fit to participate in the activities outlined and agree to inform you should this situation change between now and the activity date;
- I agree to my son/daughter/ward receiving medication and any emergency dental, medical or surgical treatment, including anaesthetic, as considered necessary by the medical authorities present;
- It is advisable that your son/daughter/ward does not bring any expensive electrical items. If they do they are solely responsible for them. If they do decide to bring a mobile phone it must be switched off at times deemed by the group leader.

Name: .....

Signed: ..... Date: .....

**Declaration: Participant (ALL)**

I, as a participant in the stated activity, agree to abide by the rules and act upon the instructions of staff

Name: .....

Signed: ..... Date: .....