Consent and Emergency Contact Form

Your details (if U18 must be the parent/carer)

Name:		
Address:		
Contact details:	Phone: Mobile:	Email:

Details of the child / adult (if different)

Name:		
Date of birth:		
Address (if different from the parent/carer):		
Contact details (if different from the parent/carer):	Phone: Mobile:	Email:

Details of the event/trip the child / adult will be attending

Activities

I give permission for the child / adult to:	
Be involved in photography and/or filming.	Yes No
Travel by any form of public transport or in a motor vehicle.	Yes No
Other (please detail)	Yes No

Child / Adult Medical/Disability History

Does the child /adult have:	
Any health needs (e.g. diabetes, asthma, epilepsy, allergies) that we should be aware of?	Yes No
Any access needs?	Yes No
Any religious or spiritual practices we should be aware of?	Yes No

Any dietary needs we should be aware of?		Yes No
Anything else which we should be aware of?		Yes No
If yes to any of the above, please provide full details e.g. time medication must be taken, if help is required to administer medication, etc. (please use additional paper if required).		

Emergency Contact Details (if different from Parent/Carer)

Name:		
Relationship to the child or adult:		
Address:		
Contact details:	Phone: Mobile:	Email:

Confirmation

Name of parent/carer or adult (print):		Date	
Signature:			
Consent valid for the following period (please circle)	**This event only** **1 week** **1 month**	**1 year** **Other (please detail):**	