**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/ U18 (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 / U18 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 U18: |  | |
| 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):** |