

**PARENTAL CONSENT FORM**

Event/Group:

Dates:

Transport:

Leader(s) in charge:

Details of Young Person

NAME ……………………………………………………………………………….………………………………………………….

ADDRESS ………………………………………………………………………………………………………………………………..…

…………………………………………………………………………… POSTCODE …………………………………

SCHOOL …………………………………………………………………………………………………………………………………..

HOME TEL NO …………………………………………………………………………………………………………………………………..

AGE ……………………………………………………… DATE OF BIRTH ………………………………………………

Medical Details of Young Person

DOCTOR …………………………………………………………………………………………………………………………………..

ADDRESS …………………………………………………………………………………………………………………………………..

TEL NO ……………………………………………….. NHS NUMBER ………………………………………………………..

DATE OF LAST TETANUS INJECTION (if known) ……………………………………………………………………………………

|  |  |  |
| --- | --- | --- |
| Does s/he have any medical conditions or recurrent illness e.g. asthma, hay fever, migraine, fits/faints or any disability etc? | Yes □ | No □ |
| Details: | | |
| Is s/he taking any medicine or undergoing any treatment etc that needs to be continued during the event? | Yes □ | No □ |
| Details: | | |
| Is s/he known to be allergic or sensitive to anything (e.g. penicillin, aspirin, ibuprofen, food etc)? | Yes □ | No □ |
| Details: | | |
| Has s/he been in contact with any infectious diseases within the last three weeks? | Yes □ | No □ |
| Details: |  |  |
| Does s/he have any specific dietary requirements? | Yes □ | No □ |
| Details: |  |  |

Images Consent

During the course of the event, it is likely that images of the young people will be taken. Predominantly these will be taken by camera/phone (photo) and/or video. These images may be used by the Manchester Diocesan Board of Education as a record of the week and to promote future events of this nature

I **do/do not** (*please delete as appropriate*) give permission for images of my son/daughter to be taken as part of the group.

I **do/do not** (*please delete as appropriate*) give permission for images of my son/daughter to be used to promote the event.

*For the purposes set out above, consent will begin on \*\*\*\* and finish on \*\*\*\*\* (if this is for a residential the dates of the trip should be inserted. For a generic group consent this line should be removed)*

SIGNATURE …………………………………………………………………………… DATE …………………………………………

Parental Consent and Authorisation

I give consent for the young person named to participate in the above mentioned event. I acknowledge the need for acceptable responsible behaviour on his/her part.

I understand that while involved s/he will be under the control and care of the group leader and/or other adults approved by the organisation/schools and that, while the staff in charge of the group will take all reasonable care of the children, they cannot necessarily be held responsible for any loss, damage or injury suffered by him/her during, or as a result of, the activity.

I understand that should my child require emergency treatment owing to illness or injury and I am not available to give my consent, the doctor or surgeon concerned can decide on appropriate treatment, if my child’s health or safety is at risk.

In the event of illness or accident requiring emergency hospital treatment, I authorise the leaders named on this form to sign on my behalf any written form of consent required by hospital authorities, if the delay to obtain my own signature is considered inadvisable by the doctor or surgeon concerned.

SIGNATURE ………………………………………………………………………... DATE …………………………………………

NAME …………………………………………………………………………………………………………………………………

NB The medical profession takes the view that a parent’s consent to medical treatment cannot be delegated. This view is explicit in the Children Act 1989. Medical consent forms have no legal status and a doctor has the right to insist on parental consent to treat a child. However, it can be of comfort to medical staff to have general consent in advance from parents or have a leader on hand to sign forms.

Emergency Contacts

Please could you provide us with the following contact information:

|  |
| --- |
| **Parent or Guardian**  NAME ……………………………………………………………………………………………………………………………………  HOME TEL No ……………………………………………………………………………………………………………………………………  MOBILE No ……………………………………………………………………………………………………………………………………  WORK No ……………………………………………………………………………………………………………………………………  RELATIONSHIP …………………………………………………………………………………………………………………………………… |

|  |
| --- |
| **Additional Contact Name**  NAME ……………………………………………………………………………………………………………………………………  HOME TEL No ……………………………………………………………………………………………………………………………………  MOBILE No ……………………………………………………………………………………………………………………………………  WORK No ……………………………………………………………………………………………………………………………………  RELATIONSHIP …………………………………………………………………………………………………………………………………… |