



SPECIAL EVENTS CONSENT FORM

EVENT NAME: _____

NB The information part can be completed by a carer. (such as Foster Carer)
ONLY those with legal parental responsibility can sign the consent – if you have already previously completed a consent form please just complete child's name and DOB.

Child's name: _____

DOB: _____

Normal Address: _____

Postcode _____

Telephone: _____

I give permission for my child to take part in this activity. I recognise that while involved he/she will be under the control and care of the group leaders approved by BCC Youth and that, while those in charge will take all reasonable care, they cannot necessarily be held responsible for any loss, damage or injury suffered by my child during, or as a result of the activity or trip.

I understand that should my child require any emergency treatment owing to illness or injury and I am not available to give my consent, I am willing for my child to receive necessary hospital treatment including an anaesthetic. YES / NO or Penicillin YES / NO

Medical Details: Is your child taking any regular medication or have a medical problem (e.g. asthma, epilepsy, diabetes, any allergies, dietary needs etc) or disability, which may affect participation at any time during this activity?

Today's date: / /2008

Signature of parent/ legal guardian: _____

Child to sign:

I understand that I will be under the control and care of the group leaders, and/or other adults, and I shall co-operate with them on this activity at all times.

Signed: _____

Date: _____

Any additional information you need us to know: