

Parental Consent Form

PART A is completed by the group organising the event. PART B should be completed by a parent or guardian of the young person named in PART B. Please answer all questions, in order that the best possible care and quick effective action may be taken in an emergency.



PART A

Name of Group: **Ichthus**

Proposed Visit or Activity: **Dalesdown Weekend Away**

Date: **18/10/2013 – 20/10/2013**

Venue: **Dalesdown, Honeybridge Lane, Dial Post, Horsham, West Sussex, RH13 8NX.**

Telephone: **01403 710712**

Departure place and time: **Pick up by coach at 6pm @ Busbridge Junior School Layby**

Return place and time: **Dropped off at BJS Layby at 4.30pm**

Cost: £80 (Cheques payable to: Busbridge PCC)

Transport arrangements: **By Coach shared with 3 Counties Church (Haslemere)**

Items to be brought: See Kit List

Please return reply form to Niki or Karen by **6/10/2013**

Emergency contact: Group Leader: Niki Ford (07977 941036) or Sarb Klair (07711 752778)

The reply form will be taken with the group leader on the activity or visit.

Reply Form

PART B Details of young person

Full name of young person _____

Address _____

Postcode _____

Date of Birth _____

Please give details of any medical conditions (e.g. asthma, epilepsy, diabetes, allergies, dietary needs) or disability that may be affected by this activity.

Telephone number for emergencies Day: _____ Evening: _____

PERMISSION - I have read the above information and I give permission for the young person named above (in PART B) to attend and take part in this activities of the event named in PART A.

AUTHORISATION – In the event of illness or an accident requiring emergency hospital treatment I authorise the Leader(s) named in PART A of this form to sign on my behalf any written form of consent by the hospital authorities, if the delay required to obtain my own signature is considered inadvisable by the doctors or surgeon concerned.

I enclose a cheque or cash to the sum of £ _____:

Signed _____ Date ____/____/____

(parent/or adult with parental responsibility)

Name _____ Parent/Guardian

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's Act 1989. medical consent forms have no legal status and a doctor has the right to insist on parental consent to treat a child or young person. 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. The information requested on this form can be completed by a carer, but only those with parental responsibility can sign the consent (This may not include a foster carer).