**Consent for trips/events**

For use by organisers of competitions away from home, camps and day trips etc.

|  |
| --- |
| **Personal information:**  |
| Name of child: |
| Date of Birth: | Race/Ethnic Origin: |
| Details of any disability or additional needs: | First language: |
| Event details (including date): |
| Name of parent/carer: | Contact details:Home number:Mobile: |
| Address: |

|  |
| --- |
| **Medical information:** |
| GP name and address: | NHS number: |
| Any medical issues including details of allergies, medication etc. |

**Declaration:**

**I have received comprehensive details of this event and given consent for my child to take part in the event indicated. I consent to my child receiving any medical treatment, which, in the opinion of a qualified medical practitioner, may be necessary.**

Signed……………………………………………………………………………………………………………(parent/carer)

Print name……………………………………………………………………………………………………………………………

Date……………………………………………………………………………………………………………………………………..