**Consent for trips/events**

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

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| **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……………………………………………………………………………………………………………………………………..