

## PARENTAL CONSENT FORM – FUN FACTORY/SUMMER ACTIVITIES 2008

1. **Name of Participant:** \_\_\_\_\_

Home Address: \_\_\_\_\_

\_\_\_\_\_ Tel. No. \_\_\_\_\_

Age: \_\_\_\_\_ Date of birth: \_\_\_\_\_ Sex: Male / Female

2. Parent's Name \_\_\_\_\_

Home Tel. No \_\_\_\_\_ Work Tel. No. \_\_\_\_\_

3. **Medical Information:**

**Do you suffer from any conditions requiring medical treatment, including medication? YES/NO**

**If yes please give brief details, including any medication** \_\_\_\_\_

\_\_\_\_\_

3.1 Does your child require medication to be administered during the activity? YES/NO

(If you require that medicines be held and administered by leaders during their time at the Summer Activities/Fun Factory, a medical consent form will have to be completed and signed by both parent and doctor.)

3.2 Have you been in contact with any contagious or infectious diseases in the last four weeks? YES / NO

If yes, please give brief details:

\_\_\_\_\_

\_\_\_\_\_

3.3 Are you allergic to any medication? YES / NO

If yes please specify: \_\_\_\_\_

\_\_\_\_\_

3.4 Have you received a tetanus injection in the last five years? YES / NO

3.5 Please outline any special dietary requirements or food allergies:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

3.6 Does your child have any specific needs that we need to know about:? Yes/No

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I undertake to inform the Co-ordinator/leader as soon as possible of any changes in the medical circumstances between the date signed and the commencement of the journey.

4. **Emergency Contact**

**If not available, please contact:-**

Name: \_\_\_\_\_

Name: \_\_\_\_\_

Tel. Work \_\_\_\_\_

Tel. Work \_\_\_\_\_

Tel. Home \_\_\_\_\_

Tel. Home \_\_\_\_\_

Address \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Doctor:** \_\_\_\_\_

Telephone No. \_\_\_\_\_ Fax: \_\_\_\_\_

Address: \_\_\_\_\_

5. **Declaration**

In order to ensure that we have permission for all the necessary areas I would appreciate if you could complete the following statements. Either agreeing or disagreeing and sign the bottom of the Declaration section as well.

	Agree	Disagree
My son/daughter taking part in the programme of activities in a safe and responsible manner and abiding by the behaviour guidelines.		
My son/daughter to be included in photographs and videos for publicity purposes or for sale to parents/relatives of children in a show or project.		
My son/daughter having sun screen applied if required.		
My son/daughter to receive emergency treatment, including anaesthetic, as considered necessary by the medical authorities present.		

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Name \_\_\_\_\_ Parent/Guardian

For Office Use

Date Received \_\_\_\_\_ Staff Initials: \_\_\_\_\_