

PARENTAL CONSENT FORM

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DETAILS

Child's Name (first) (surname)

Name of Parent/Guardian.....

Address

Telephone (home) (business)

(Mobile)

Email

Another Emergency contact

Name (first) (surname)

Relationship

Telephone (home) (business)

(Mobile)

MEDICAL

Doctors name

Telephone

Medical Information

My child has had the series of three tetanus injections Y N

The last injection was on: DD/ MM/ YYYY/



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Please indicate below if your child suffers from any medical concern and provide the teacher/youth group leader with any further necessary information.

- | | |
|-----------------------|---------------------|
| Asthma | Bed Wetting |
| Sting Allergies | Hay Fever |
| Sinus | Sleep Walking |
| Diabetes | Other |

Allergies to Medicine?

Is your child currently taking any medication? Y N

If YES, please state name of medication and dosage

Other Medical Notes

MEDICINE BEING SENT

Please place in a sealable plastic bag labelled with the child's name.

Please include any/all specific instructions

In the event of an accident or illness, I authorise the obtaining of such medical assistance as may be required.

I give staff in charge the authority to arrange any travel home for the student in my care, at my expense should it be required for reasons of ill health or discipline.

Signature

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SUPERVISION

My child will need to be absent from the venue during the 24 hours

N/A..... or between

(Please remind your child to always check in and out with a supervisor)

I will be able to assist with supervision during the Caritas Challenge **Y** **N**

If YES times available

DONATIONS

I am able to donate the following food items:

.....
.....
.....
.....

APPROVAL

I approve of my child attending the Caritas Challenge:

Signature

DD/ MM/ YYYY/