

# » CARITAS CHALLENGE PARENT CONSENT FORM

## CONTACT DETAILS

Child's Name (first): ..... (surname): .....

Name of Parent/Guardian: .....

Address: .....

Telephone (home): ..... (mobile): ..... (work): .....

Email: .....

Other Emergency Contact Name (first): ..... (surname): .....

Telephone (home): ..... (mobile): ..... (work): .....

Relationship: .....

## MEDICAL INFORMATION

Doctor's Name: ..... Telephone: .....

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

The last injection was on (date): .....

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 list name of medication(s) and dosage(s): .....

.....

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 here:

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

**SUPERVISION**

My child will need to be absent from the venue during the event.

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**

- 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.
- I approve of my child attending the Caritas Challenge.



Signature: .....

Date: .....