

PARENTS CONSENT FORM
SPECIAL EVENT/ACTIVITY



OVERNIGHT STAY OR HAZARDOUS ACTIVITY

This completed form must be brought to Ganaway to enable the person concerned to take part in activities organised by Centre Staff.

PART "A"

Name of Organisation _____
Activity or Event _____
Venue GANAWAY TRAINING AND ACTIVITY CENTRE, near MILLISLE
Dates _____
Leader(s)-in-Charge _____

PART "B" (to be filled in by the parent or guardian) (NAME IN CAPITALS)

Full Name of Young Person.....

Date of birth.....

PERMISSION I give permission for the above to attend and take part in the activities or events named in Part "A".
I understand that in the event of any illness or accident, every effort will be made to contact me, but if this is not possible, I authorise any Officer to sign on my behalf, any written form of consent required by medical authorities.

.....
(Parent / Guardian)

MEDICAL
DETAILS

Name and Address
of young person's doctor

Doctor's Telephone Number

National Health Service Number

Details of medicine / diet / treatment which is being taken / followed
.....
.....

Please Ensure the young person has sufficient medication for duration of day trip or residential

Does the young person suffer from any of the following:

Migraine/headaches	YES/NO	Fainting	YES/NO	Asthma	YES/NO
Hay Fever	YES/NO	Heart problems	YES/NO	Diabetes	YES/NO
Allergy to penicillin	YES/NO	Epilepsy	YES/NO	Food allergy*	YES/NO

* Please specify

Does the young person have impaired Vision YES/NO Does the young person have impaired Hearing YES/NO

Any other Disability *YES/NO

*Please Specify.....

Has the young person been immunised against tetanus within the last five years YES / NO

Has the young person had any adverse reaction to anesthetic *YES/NO

*Please Specify.....

In the event of an emergency it is important to know if the young person can take

Paracetamol YES/NO Panadol YES/NO Aspirin YES/NO

Parent/Guardian Contact Details

Name.....

Address.....

Telephone (Day).....

Telephone (Evening).....

Relationship to Young Person.....

Signed.....

Parent / Guardian

Alternative Contact Details

Name.....

Address.....

Telephone (Day).....

Telephone (Evening).....

Relationship to Young Person.....

Date.....