



BCLC Off Site

Parental Consent Form

Name of Child ..... Date of birth.....

Age of child .....

Address .....

..... Post code .....

Parent's / Guardian's	Contact Details	
Name	1	2
Contact number	1	2

please make sure that you have your mobile phone switched on to be available incase you are needed to be contacted

Doctor's name ..... Telephone number .....

Address .....

Post code .....

Dose your child suffer from any medical conditions / allergies that we should be aware of ( including any current medication ) .....

.....

Consent ( please read carefully )

- I agree that my son / daughter can travel with ..... to and from the activity
- I confirm that my son / daughter to the best of my knowledge does not suffer form any medical conditions other than stated above
- I understand that the staff / leaders are not medically trained and can not administer any medication or be held responsible for any situation beyond their control.
- My son / daughter understands that they are to stay with in the boundaries set by the staff / leaders of their group and the event they are attending.

Signed ..... Parent / Guardian. Date .....

Signed ..... Child. Date .....

Signed ..... Staff / Leader. Date .....