**Consent for Event/Activity** ***for hazardous activities and activities lasting more than half a day including residential activities.***

Name of Church/Parish:

Name of Event/Activity:

Location:

Start date and time:

Finish date and time:

Cost:

Travel/transport information:

Contact details of leader:

Additional information *[this might be given in an attached letter or leaflet]:*

Please return this form by:

 ***NOTE:*** ***Parent/carer should retain a copy of the information in this section***

1. **ABOUT YOU**

Name:

Date of birth:

1. **PARENT/CARER’S DETAILS**

Name:

Address:

Telephone number: Alternative number:

Email:

1. **EMERGENCY CONTACT DETAILS (person to contact if parent/carer above is not available)**

Name: Relationship:

Address:

Main telephone number: Alternative telephone number:

**4. HEALTH INFORMATION**

1. Please provide details below of any **allergies** (including severity, EpiPen information etc)
2. Please provide details below of any **illnesses** or **disabilities** relevant to this activity/ event
3. Is the participant currently taking **medication**? **YES/NO (Please delete one)** If YES please give details including reasons for its use

If YES does the participant self-medicate? YES/NO

**Medication**: Please label medication clearly with name and clear instructions for use (whether or not he/she self-medicates, dosage etc).

1. Please provide any further information we should know regarding the participant’s health and well-being
2. I am happy for my child to be given first aid or urgent medical treatment during this activity. **YES/NO (please delete one)**
3. Date of last anti-tetanus injection:
4. GP’s name/surgery name:

Please provide details below of any **dietary requirements**, **disabilities** or **special educational needs** (SEN) that might affect your child’s participation

Is there any additional information that we need to be aware of?

**5. SIGNATURE OF PARENT/CARER**

Signature: Date:

***Please note that it is the parent/carer’s responsibility to inform the group leader of any changes to the above information, particularly in regard to contact details and medical information. All information provided on this form will be stored securely in line with the Data Protection Act 1998.***