
Parish of Chalfont St Giles
Consent Form – Day Trip



To be completed by parents/carers/guardians in respect to all young people under 18 years of age.

Please complete in BLOCK CAPITALS.

I have read the appropriate information and agree to:

(full name) _____

taking part in the activities described therein. I acknowledge the need for responsible behaviour on her/his part.

Please state any information the organizers need to know about your child which would affect their participation in this event.

Is the named young person allergic to any medication or other materials such as food, insect stings etc.? YES / NO.

If 'yes' please specify

Please outline any special dietary requirements the named young person has.

Please outline any special needs or disabilities

DECLARATION

As the parent/legal guardian of the above named young person I agree to them receiving emergency medical treatment, including anaesthetic, as considered necessary by the medical authorities present.

In an emergency I may be contacted on the following telephone number: _____

Signed (Parent / Carer / Guardian) _____

Name in block capitals _____ Date _____

NOTE An outline of the event and the activities contained therein, including any transport arrangements, must be sent to the parent/guardian for them to read so they are able to consent to the child in their care taking part.