Parental Consent for

Aylesford Youth Day Saturday 22nd June 2019

I agree to	(name)	(D.O.B)
8	escribed him/her to behave responsibly and will ensure sibly as outlined in the Confirmation Handbook.	he/she is aware of the
2. TRANSPORT ARRANGEMENT	S	
-	by coach leaving the church car park at 8.30an ar park at approximately 8.30pm (we will call if the	
3. MEDICAL INFORMATION ABO	OUT YOUR CHILD	
a. Any conditions requiring medical tr	eatment including medication e.g. inhalers, anti-epi	leptics or insulin?
YES / NO		
If YES please give details		
3. MEDICAL INFORMATION ABO	OUT YOUR CHILD (cont)	
b. Please outline any special dietary re-	quirements of your child (including allergies e.g. nu	ts):
c. Is your son/daughter allergic to any	medication e.g. penicillin:	
d. When did your son/daughter last h	ave a tetanus injection?	
e. Is there any other relevant informat	ion that should be known by the organiser? e.g. tra	vel sickness/mobility
I will inform the event leader as so between now and the commencem	on as possible of any changes in the medical or ent of the journey.	or other circumstances
4. CONTACT TELEPHONE NUM	BERS:	
Name:		
Work/Mobile Number:		
Alternative emergency contact Name:		
Home Number		

5. DECLARATION

In the event of an illness or accident every effort will be made by the event leader or their assistants to contact
me. If for whatever reason this is not possible I agree to my son/daughter receiving medication as instructed
and any emergency dental, medical or surgical treatment, including anaesthetic or blood transfusion, as
considered necessary by the medical authorities present

Signed:		
Full Name:		
Date:		

This consent form will also cover the two further Confirmation away days. If there are any changes please inform the parish office.

In an emergency Fr Keith can be contacted on: 07545 949 950