

Parental Consent for

Aylesford Away Day Sunday 8th October 2023

I agree to _____ (name) _____ (D.O.B)

- Participating in activities
- I acknowledge the need for him/her to behave responsibly and will ensure he/she is aware of the expectation to behave responsibly as outlined in the Confirmation Handbook.

2. TRANSPORT ARRANGEMENTS

- We will travel to Aylesford by mini bus **leaving the church car park at 8.00am** promptly. We will be **arriving back** at the church car park at approximately **7.00pm** (we will call if there is a change in time)

3. MEDICAL INFORMATION ABOUT YOUR CHILD

a. Any conditions requiring medical treatment including medication e.g. inhalers, anti-epileptics or insulin?

YES / NO

If YES please give details _____

3. MEDICAL INFORMATION ABOUT YOUR CHILD (cont...)

b. Please outline any special dietary requirements of your child (including allergies e.g. nuts):

c. Is your son/daughter allergic to any medication e.g. penicillin: _____

d. When did your son/daughter last have a tetanus injection? _____

e. Is there any other relevant information that should be known by the organiser? e.g. travel sickness/mobility

I will inform the event leader as soon as possible of any changes in the medical or other circumstances between now and the commencement of the journey.

4. CONTACT TELEPHONE NUMBERS:

Name: _____

Work/Mobile Number: _____

Home Number: _____

Name & Number of Family Doctor: _____

Alternative emergency contact Name: _____

Work/Mobile Number: _____

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: _____

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