Parental Consent for

**Aylesford Youth Day Saturday 23rd June**

8am (at Church Car Park) returning approx. 8.30pm (to Church car park)

I agree to \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (name) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(D.O.B)

● I agree to his/her participation in the activities described

● I understand that group/activity photographs may be taken during the event, in line with the

Church’s policy. I give my consent to this.

● I acknowledge the need for him/her to behave responsibly and will ensure he/she is aware of

the expectation to behave responsibly and in accordance with the Code of Conduct for

children/ young people.

2. TRANSPORT ARRANGEMENTS

(for which parents/carers hold responsibility

Please detail how your son/daughter will travel to and from the activity or the pick-up point for

the day trip/residential trip. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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) and

the type of pain/flu relief medication your child may be given if necessary. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

c. Please outline any FEARS OR PHOBIAS your child has. This information will assist the adult

helpers to assist your child should any difficulties arise \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

d. Is your son/daughter allergic to any medication e.g. penicillin \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

e. When did your son/daughter last have a tetanus injection? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

f. Is there any other relevant information/specific needs that need to 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:

Work/Mobile:

Home

Address:

Name:

Address:

Address:

Name of

Family Doctor:

Alternative emergency contact:

Home:

Telephone

Number:

Telephone

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: Date:

Full Name

(Capitals):