

**Example of a General Consent Form when taking young people or children on a trip or to RESIDENTIAL ACCOMMODATION**

**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.

**MEDICAL INFORMATION**

If the young person named has a medical condition requiring medical treatment, including medication, or any special needs or disabilities, give brief details.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**If the named young person comes into contact with any contagious disease or suffers from an illness one month before \_\_\_\_\_(date) you must inform the organizer, \_\_\_\_\_(name)**

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

If 'yes' please specify

\_\_\_\_\_  
\_\_\_\_\_

Has the named young person received a tetanus injection in the last five years? YES / NO

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

\_\_\_\_\_  
\_\_\_\_\_

*Please turn over*

## 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.

I may be contacted on the following telephone numbers:

Home \_\_\_\_\_ / \_\_\_\_\_ Times \_\_\_\_\_

Work \_\_\_\_\_ / \_\_\_\_\_ Times \_\_\_\_\_

My home address is

\_\_\_\_\_

\_\_\_\_\_ Post code \_\_\_\_\_

In the event of being unable to contact me, I nominate a second parent/guardian or nominated person (please inform them you have nominated them on this form)

They may be contacted on the following telephone numbers:

Name \_\_\_\_\_

Home \_\_\_\_\_ / \_\_\_\_\_ Times \_\_\_\_\_

Work \_\_\_\_\_ / \_\_\_\_\_ Times \_\_\_\_\_

Their home address is

\_\_\_\_\_

\_\_\_\_\_ Post code \_\_\_\_\_

Signed (Parent / Guardian) \_\_\_\_\_

Name in block capitals \_\_\_\_\_ Date \_\_\_\_\_

**NOTE** An outline of the event and the activities contained therein, including 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. If taking a group out of Britain and the Republic of Ireland, they will each need a passport. If taking a group out of Britain, each member should take with them form E1 11, which is obtainable free from the post office. This will entitle the holder to free medical care within the European Community.