

# Parental/Guardians Consent Form

Anything written on this form will be held in confidence and destroyed after the event.

**FULL NAME:**

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**ADDRESS:**

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**TEL:** ..... **AGE:** .....

**DATE OF BIRTH:** ..... **MALE/FEMALE (Please circle)**

**EMERGENCY TEL (1):** ..... **(2):** .....

**IF UNAVAILABLE CONTACT:** .....

**TEL:** ..... **RELATIONSHIP:** .....

**NAME AND TEL OF G.P.:** .....

**DETAILS OF ANY KNOWN ALLERGIES, CONDITIONS, MEDICATION BEING TAKEN:**

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**ANY OTHER SPECIAL NEEDS, REQUIREMENTS OR DIRECTIONS THAT WOULD BE HELPFUL FOR TREVARNIO STAFF TO KNOW ABOUT:**

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In the event of injury and/or illness, having parental responsibility for the above named person, I give permission for medical treatment to be administered where considered necessary by a nominated first aider, or by suitably qualified medical practitioners. If I cannot be contacted and that they should require emergency hospital treatment, I authorise a qualified medical practitioner to provide emergency treatment or medication.

I understand that the event they are about to take part has inherent risk and give my consent for the above name person to take part.

Signature ..... Parent/Guardian

Print Name .....

Date .....

If you do not wish the above name person to appear on any publicity or images connected with Trevarno then please tick the box.