

## Parental Consent Form

**Name of Young Person:** \_\_\_\_\_

**Date of Birth:** \_\_\_\_\_

**Event:** Young People's Weekend in Thetford Forest, June 2-4

I consent to my child taking part in the visit and activities at Thetford Forest. I acknowledge the group leaders will be liable in event of any accident only if they have failed to take reasonable care of my child during the visit.

I have read any information provided with regard to the standard of behaviour and/or code of conduct expected during the visit and I undertake to reinforce this with my child.

I understand that it is my responsibility to provide up to date information about my child regarding any special needs, allergies and medical conditions – including details of any prescribed medication doses and timings.

I consent to my child receiving medical treatment that, in the opinion of a qualified medical practitioner, may be necessary.

My child's doctor's name and address is: \_\_\_\_\_

\_\_\_\_\_

**Signed:** \_\_\_\_\_ (Parent/Carer)      **Date:** \_\_\_\_\_

Please complete the sections below:

Please give your home address and contact numbers. If you will be away from home during the visit please give an alternative address where you, or a relative or friend acting for you, can be reached.

### Home Address

### Alternative Contact if required

Name: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Address: \_\_\_\_\_

Post Code: \_\_\_\_\_

Post Code: \_\_\_\_\_

Email: \_\_\_\_\_

Email: \_\_\_\_\_

Tel: \_\_\_\_\_

Tel: \_\_\_\_\_