

CHW17 PARENTAL CONSENT FORM

CHILDS FULL NAME			DOB:
NAME OF PARENT/GUARDIAN			
EMERGENCY CONTACTS	Name:	No:	
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GP Information	Name:	No:	
ACCOMMODATION DURING THE HOLIDAY WEEK Please TICK	Castle	Campsite	Off Site
AGE GROUP Please TICK	NANOS	MINIS	MICROS
	MEGAS	SECTOR 1	SECTOR 4
If your child is in the MEGAS please indicate if you give permission for them to walk back to their accommodation rather than be collected. (Please note that a leader will accompany children to the campsite and castle to make sure they are safe)			YES / NO
Who can collect the child:	Names:		
I GIVE PERMISSION FOR MY CHILD TO (please TICK the boxes)	Be given snacks (we are a nut free zone)	Go outside for activities	Be given basic First Aid in the case a minor accident
	Have their picture taken for publicity purposes Sometimes we may use the photos to promote CHW though our website and social media platforms or other publicity. Please note that if we wish to use a photograph of an individual young person we will always seek additional permission. If you are unhappy about your child appearing in any of the photos please speak to the age group leader so that we can make special arrangements.		
PLEASE INDICATE ANY MEDICAL CONDITIONS IT IS ESSENTIAL LEADERS NEED TO BE AWARE OF			
Allergies, dietary requirements or medication to be taken:			
DOES YOUR CHILD HAVE ANY ADDITIONAL NEEDS WHICH AGE GROUP LEADERS NEED TO KNOW ABOUT TO HELP THE CHILD ENGAGE AS FULLY AS THEY CAN IN PROGRAMME? For example: Behavioural or educational needs, Autism, Aspergers, visual impairment etc			
YES / NO			
If you answered yes to the above question please give details below:			
Please read:			
I will inform the leaders of any important changes to my child's health, medication or needs and also of any change to our address or to any of the phone numbers given above.			
In the event of illness or accident, having parental responsibility for the above named child, I give permission for first aid to be administered where considered necessary by a trained first aider, if available, or medical treatment to be administered by a suitably qualified medical practitioner.			
If I cannot be contacted and my child should require emergency hospital treatment, I authorise an adult leader to sign on my behalf any written form of consent required by the hospital. However, I understand that every effort will be made to contact me as soon as possible.			
Signature			Date:
Name printed in full			