



Parental Consent Form – Residentials

For use by all Groups

Midsummer Madness

SECTION 1 – this data will help us to contact you should we need to during the residential.

Name of child:	Date of birth:	
Address:		Postcode:
Address and post code of parent/carer during the residential if different from the child's address above:		
Contact telephone numbers for parent/carer during the residential activity:		
Daytime:	Evening:	Mobile:
Email address:		

SECTION 2 – MEDICAL INFORMATION to help us provide the best possible care for your child.

Name of family Doctor:
Address and phone no. of family Doctor:
Please give details of any allergies affecting your child:
Please give details of any medication your son/daughter is currently taking, the dosage and whether they can self-administer:
Please give details of any contagious or infectious diseases your child has suffered from in the past 3 months:
Please give details of other recent illnesses:

Continued overleaf...

Please give date of last anti-tetanus injection:

Please give details of any special dietary requirements your child has:

If supervised swimming is offered on the programme, do you give consent to your child taking part? YES / NO
If consent is given, what distance can they swim?

Please give details of any activities included in the programme in which your child may not participate:

Please give any other information you think may be useful to us in caring for your child, e.g. suffers from travel sickness:

SECTION 3 – to be read and signed by a parent or other adult with parental responsibility *and* your child if aged 13 or over

I give permission for my child to take part in this residential and I understand the nature of the activities that will be undertaken and the travel arrangements.

I understand that the leaders will take all reasonable care in looking after my child, but they cannot necessarily be held responsible for any loss or damage to property during, or as a result of, this residential.

In an emergency, if I cannot be contacted despite all reasonable attempts to do so by the leaders, I give permission for my child to undergo emergency medical/dental treatment including the use of anaesthetics as considered necessary by the medical authorities.

I give permission for Urban Saints to process and store the personal data given on this form for use in relation to my child attending this residential and for safeguarding records. Urban Saints will never sell or swap our data with another organisation and will store our details securely, respecting our trust and privacy as detailed in its privacy policy: urbansaints.org/privacypolicy/

I understand that if my child grossly misbehaves at this residential then the organisers may forbid them from further participation and require me to collect them at my expense. Cigarettes, drugs and alcohol are forbidden and failure to abide by this rule may constitute gross misbehaviour. I agree to pay for deliberate damage to property caused by my child.

I enclose £ as payment for this residential.

Signature: _____ Date: _____
Child if aged 13 or over

Signature: _____ Date: _____
Parent or other adult
with parental responsibility