

# CHALLOCK YOUTH CLUB

## Consent Form

To be completed in full by parents/guardians/carers of participants who under 18

### Details Of Participant:

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

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

School: \_\_\_\_\_

Home Address

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

Home Telephone: \_\_\_\_\_

Contact Number on Day of Trip (if different) \_\_\_\_\_  
(ie: Parent/Guardian Mobile)

Young Person's Mobile: \_\_\_\_\_

### Details of Event/Trip Marlowe Theatre Trip

Date: From: 24/09/07

Time: Depart: 6:00pm Return:10:30pm

Cost: £17.50

Enclosed: Cash/Cheque

Amount: \_\_\_\_\_

### Requirements:

Pre Trip:

Completed Consent Form

Payment

On the Day

*Spending Money*

### Parental Consent:

I have read the information about this visit and agree to the above named person participating in full. I understand that my child will be expected to behave responsibly at all times and to follow any instruction, to wear seat belts at all times if fitted, by not doing so I Understand that they will not be included in any further trips.

### Photographic Consent

I understand that you may be taking photographs during the trip/event and these will be used within the club and as publicity for the organisation. I am/am not happy for my child to be photographed. (please delete)

Signed \_\_\_\_\_ Print \_\_\_\_\_

Date \_\_\_\_\_

**Medical Information**

**Name:** \_\_\_\_\_ **Date Of Birth:** \_\_\_\_\_

Does the participant have ANY conditions requiring medical treatment, including medication or specific requirements to enable full participation on this trip. (e.g. asthma inhaler)?

Yes/No

**If YES details**

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**Family Doctors Details: Name:** \_\_\_\_\_

**Surgery** \_\_\_\_\_ **Telephone:** \_\_\_\_\_

**Medical Consent**

Please tick one of the following boxes to let us know that you agree or disagree, to the participant receiving necessary medical treatment:

I agree to the participant receiving medication as instructed and any emergency dental,, medical or surgical treatment including anesthetic or blood transfusion, as considered necessary by the medical authorities.

(Please tick box in top right hand corner to alert us to any allergies, or medication as detailed on page 2.)

I disagree to the participant receiving medication as instructed and any emergency dental, medical or surgical treatment, including anesthetic or blood transfusion, as considered necessary by the medical authorities. I understand that the adult leading the visit may feel unable to take my child on the visit as a result of my wish.

Please read the form through to make sure you understand what you are signing and check all sections are completed. Please then sign below:

**Signed** \_\_\_\_\_ **Print** \_\_\_\_\_

**Dated** \_\_\_\_\_

**Collection from Challock Youth Club**

Please tick one of the following boxes to let us know how your child will be collected from the Challock Youth Club Marlowe Theatre Trip:

I confirm that my child.....

Can Walk Home unaccompanied

Will be Collected by a Parent/Guardian at 10:30pm

**Signed** \_\_\_\_\_ **Dated** \_\_\_\_\_