

**OUR LADY OF GRACE, COTGRAVE
THE HOLY SPIRIT, WEST BRIDGFORD**

PARENTAL CONSENT FORM
CONFIRMATION PREPARATION VISIT TO THE BRIARS RESIDENTIAL
YOUTH CENTRE AT CRICH FROM 18 TO 20 MARCH 2016

Information given will be used solely for the purpose for which it was given and held confidentially.

I agree to (name) _____ (D.O.B.) _____

_____ (address)

- Participating in the above event
- Being part of group/activity photographs taken during the event in accordance with the Youth Service policy, a copy of which is available at www.ndcys.com
- I acknowledge the need for responsible behaviour and will ensure that my child is aware of the need to follow the instructions of leaders

Transport arrangements (for which parents/carers hold responsibility)

Transport by coach will be provided, leaving The Holy Spirit Church at 17.30hrs on Friday 18 March 2016 and returning to the church at approximately 1300hrs on Sunday 20 March 2016. Please tick the appropriate box of how your child will travel to and from the Briars, so we know which candidates will be travelling by coach.

- 1) My son/daughter will be travelling to and from the Briars on the coach
- 2) My son /daughter will be taken by me/us to and from the Briars.

Contact telephone numbers

First contact

Name _____ Relationship to child _____

Address _____

Home tel no. _____ Alternative no. _____

Second contact

Name _____ Relationship to child _____

Address _____

Home tel no. _____ Alternative no. _____

Family doctor

Name _____

Address _____

Tel no. _____

Medical information about your child

a. Any conditions requiring medical treatment including medication e.g. inhalers, antiepileptics or insulin? **Yes/No**

If YES, please give details, including if your child is able to administer their medication independently;

All medication not administered by your child must be lodged with adult leaders with clear written instructions of amount and frequency of dosage.

b. In case of need/ emergency do you give permission for your child to be given paracetamol? **Yes/No**

c. Is your child allergic to any medication? **Yes/No**

If YES, please give details.

e. To the best of your knowledge, has your child been in contact with any contagious or infectious diseases or suffered from anything in the last few weeks that may be contagious? **Yes /No**

If YES, give details.

f. When did your child last have a tetanus injection?

Other Specific Information

Is there any other relevant information/specific needs that need to be known by the leaders? e.g. travel sickness/mobility/ phobias/ fears

Dietary Requirements:

Vegetarian **Yes /No**

Does your child have any food allergies? **Yes/No** If yes please give details;

I will inform the leader of any changes to the above information between now and the commencement of the visit.

Declaration

In the event of an illness or accident every effort will be made by the event leaders or their assistants to contact me. If for whatever reason this is not possible I agree to my child receiving medication as instructed and any emergency dental, medical or surgical treatment, including anaesthetic or blood transfusion, as considered necessary by the medical authorities present.

Signed: _____ Date _____

Full Name and relationship to child
