

Parental Consent Form

Parish:

Name of child: male/female

Date of Birth:

Address:

Home telephone:

Emergency phone:

I give my consent for

to take part in(specify activity)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Medical conditions or special needs:**

Please note medical conditions, medications or dietary needs relevent to your child’s involvement in the activity.

**Medical Consent**

I give my consent for any medical treatment that may be necessary in the event of an emergency.

Signature of parent/carer:

Date of signature: