

Parental Consent Form – Soul Survivor

All of the data given on this form will be held and used in accordance with the Data Protection Act 1998
Request for Information by Faringdon Baptist Church, on behalf of the Faringdon Soul Survivor Team 2009

SECTION 1 – this data will help us to get in touch with you should we need to during our residential activity.

| | |
|------------------|---------------|
| Name of child 1: | Date of Birth |
| Email | |
| Name of Child 2: | Date of Birth |
| Email | |
| Name of Child 3: | Date of Birth |
| Email | |
| Name of Child 4: | Date of Birth |
| Email | |

NB if using this one for more than one child, please take care to identify which allergy/condition/contagion affects which child!

| | |
|----------|-----------|
| Address: | |
| | Postcode: |

| | |
|---|-----------|
| Address of parent/carer during the residential if different from the child's address above: | |
| | Postcode: |

| | | |
|--|----------|---------|
| Contact tel. nos. of parent/carer during the residential activity: | | |
| Daytime: | Evening: | Mobile: |

SECTION 2 – MEDICAL INFORMATION. This data will help us to give the best possible care to your child during the residential activity.

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|------------------------|
| Name of family Doctor: |
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| Address and phone no. of family Doctor: |
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| Please give details of any allergies affecting your son/daughter: |
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| Please give details of any medication your son/daughter is currently taking, the dosage and whether it can be self-administered: |
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Continued overleaf...

Please give details of any contagious or infectious diseases your son/daughter has suffered from in the past 3 months:

Please give details of other recent illnesses:

Please give details of any special dietary requirements your son/daughter has:

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

YES / NO

Please give details of any activities which your son/daughter may not participate: eg Swimming if they cannot swim!

Please give any other information you think may be useful to us in caring for your son/daughter, eg. suffers from travel sickness etc.

Section 3 – to be read and signed only by a parent or other adult with parental responsibility.

I give permission for my son/daughter to take part in the above residential trip(s) 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 son/daughter but the leaders cannot necessarily be held responsible for any loss, damage or injury suffered by my son/daughter during, or as a result of, this trip. I have read, understand and agree to the application of all 3 sections of this Parental Consent Form.

I understand that if my son/daughter grossly misbehaves at this residential then the organisers may forbid them from further participation and require me to collect them at my expense. (Cigarettes 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 son/daughter.

I give permission for any photos taken of my child/children at the event to be shown to publicise the event at some future date. No such images will be posted on the internet.

Signature:
Parent or other adult
with parental responsibility

Date: