

CONSENT FORM

Bampton Youth Group

Dear Parent/Guardian,
Please complete and return the form below which relates to activities with Bampton Youth Group. Youth Group will normally run in the Library and Resource Centre but your child will have the opportunity to take part in activities elsewhere in Bampton. All these activities will be in Bampton and will be within walking distance of the LARC. The activity may run at times outside of the normal Thursday evening session. This form gives your consent for your child to take part in any or all of these activities. Please include your email address below so that you can be notified of specific activities.

I agree to my son/daughter/ward taking part in activities in Bampton organised by Bampton Youth Group.

Name of child:

Date of Birth:

Home Address:

Postcode

Parent/Guardian Telephone Number (Home)

Parent/Guardian Telephone Number (Work)

Parent/guardian name:

email address:

Medical Information

Name of Doctor:

Doctor's Address

Special details: Any relevant information concerning your child's health requiring special attention but which does not prevent him/her taking part should be noted below. For example does your child:

- Have any allergies?
- Experience travel sickness?
- Have diabetes, asthma or epilepsy?

Is your son/daughter/ward allergic to any medications? If yes, please give details below:

Has your child had any relevant recent illness?

Does your son/daughter/ward have any special dietary requirements? If yes, please give details below:		
Has your son/daughter/ward received a tetanus injection in the last 5 years?	YES	NO
I undertake to inform the group leader as soon as possible of any change in the medical circumstances between the date signed and the commencement of the residential trip.		
Can your child swim at least 50 metres? (only applicable for water activities)	YES	NO
We would appreciate an alternative contact name and details (in case of an emergency)		
Name:		
Relationship to child (e.g. aunt/grandparent/neighbour):		
Address:		
Contact telephone number:		
Any other comments or information you feel may be useful:		
<p>I would like my son/daughter/ward to take part in visits or activities and having read the information provided agree to him/her taking part in the activities described.</p> <ol style="list-style-type: none"> 1. I consent to any emergency medical treatment required by my child/ward during the course of the visit Yes / No 2. I confirm that my child/ward is in good health and I consider him/her fit to participate Yes / No 3. I consent to my child/ward appearing in photographs of the event Yes / No 		
_____ Signature of Parent/Guardian		_____ Date

If you have any questions please do not hesitate to contact the group leader on 332030.....