

CONSENT FORM

Please use a separate form for each child.

Child's full name _____

Address _____

Postcode _____

Emergency contact name _____

Telephone _____

GP's name _____

GP's telephone _____

Any known allergies or conditions

I confirm that the above details are complete and correct to the best of my knowledge.

In the unlikely event of illness or accident, I give permission for any appropriate first aid to be given by the nominated first-aider. In an emergency, and if I cannot be contacted, I am willing for my child to be given hospital treatment, including anaesthetic if necessary. I understand that every effort will be made to contact me as soon as possible.

Signature of parent/guardian

Date

