



Parental consent for Beach BBQ

CHILD'S DETAILS

Name.....
.....

Date of Birth

Address.....
.....
.....

Postcode.....

Contact number:.....

Any medical information?

.....
.....

Start: 6:30pm

Finish: 10pm

Activities: Outside games

Name of leader Rachel Wilkinson

This activity is being run by the parish of Holy Trinity Church, Bolton-le-Sands

PARENT/GUARDIAN'S CONSENT

I give permission for my child to take part in the activity as detailed above/on the information sheet.

I agree to photographs/films of activities including my child to be used within the church community/for possible publication including newspaper or internet (*delete/ amend as applicable*)

I agree to any emergency treatment to be given as considered necessary by the medical authorities if I cannot be contacted.

NB The medical profession takes the view that a parent's consent to treatment cannot be delegated. Medical consent forms have no legal status and a doctor has the right to insist on parental consent before treating a child. However we have found that medical staff find this type of general consent helpful.

Signed:

Date: