



PARENTAL CONSENT FORM FOR ACTIVITIES AWAY FROM NORMAL MEETING PLACE

This form must be used for each occasion. Please note that your son/daughter may not be able to participate in the group's activities unless all parts of this form have been completed.

DIocese of YORK PARISH / BENEfICE CHILD PROTECTION POLICY

Part A (To be filled in by group leader)

1. Name of Church / Group Mark 2
2. Is organising a trip to: Laserquest (Hull City Centre)
3. On: (Date or dates) Friday 22nd January 2010
4. Leaving from St John's Car Park at (time) 7pm
 Returning to St John's Car Park at (time) 9pm
5. Transport arrangements are (Private cars/mini-bus etc): Private Cars
6. Cost per child £4.00 and they will need to bring the following:

Equipment / food / clothing / money etc <hr/> No equipment required - the money covers the cost of two twenty minute games. <hr/> You will need a 'warrior name' for the scores <hr/>	For residential activities please see separate kit list for things children need to bring with them.
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Part B (To be filled in by Parent / Legal Guardian)

NB The information part can be completed by a carer. (such as Foster Carer) **ONLY** those with legal parental responsibility can sign the consent

Child's name _____
 Normal Address _____
 _____ Tel: _____

I give permission for my child to take part in this activity. I recognise that while involved he/she will be under the control and care of the group leaders approved by the church PCC and that, while those in charge will take all reasonable care, they cannot necessarily be held responsible for any loss, damage or injury suffered by my child during, or as a result of the activity or trip.

I understand that should my child require any emergency treatment owing to illness or injury and I am not available to give my consent, I am willing for my child to receive necessary hospital treatment including an anaesthetic. YES / NO or Penicillin YES / NO

Medical Details: Is your child taking any regular medication or have a medical problem (e.g. asthma, epilepsy, diabetes, any allergies, dietary needs etc) or disability, which may affect participation at any time during this activity?

Please state date of last anti-tetanus injection if known: / /

My child's Doctor's name & address _____

Telephone _____

National Health Number _____

Today's date: / /

Signature of parent/ legal guardian _____

Name _____

Address (if different from Child) _____

Telephone (Day): _____ Eve _____

Mobile _____

Child to sign:

I understand that I will be under the control and care of the group leader, and/or other adults, and I shall co-operate with them on this activity **at all times**.

Signed: _____ **Date** _____