



ACTIVATE YOUTH & CHILDREN'S CAMPS
PARENTAL CONSENT FORM 2010



Please fill in capital letters

Please specify camp: Children Camp Week 1 _____ Week 2 _____ Youth Camp _____

Church Group Name _____

Child's name _____ Date of birth _____ Male or Female _____

Parents Name(s) _____ Home No. _____ Work No. _____

Family's Address _____

Parents mobile No. _____

I agree to (name): _____ taking part in the camp, and participating in activities both on and off Site. I acknowledge the need for _____ to behave responsibly.

Medical information

This will be kept in strict confidence but may be needed in the event of any accident whilst on the campsite.

Does He/She have any condition requiring medical treatment, including medication (i.e. inhalers or tablets etc?)

Yes / No. If yes, please give brief details: _____

Does He/She have any allergies or is allergic to any medication. Yes / No Has he/she been in contact with anything contagious or infectious, or himself been contagious/infectious in the last four weeks? Yes / No

If yes to either, please specify: _____

Are there any dietary requirements or food allergies we need to be aware of (include vegetarian)? Yes/No

If yes, please specify _____

I will inform the Group Leader of any changes in my child's medical condition, or other circumstances, as soon as possible before leaving for Camp.

Name of family Doctor: _____ Tel. number: _____

Address: _____

Emergency Contacts. If we are unable to reach you in the case of an emergency, please give some details as to whom we can contact on your behalf:

1st Contact name & Address:

Name: _____ Relationship to Young Person: _____

Telephone number:

Home: _____ Work: _____ Mobile: _____

2nd contact Name & Address

Name: _____ Relationship to Young Person: _____

Telephone number:

Home: _____ Work: _____ Mobile: _____

Declaration

I agree to my son/daughter receiving medication as instructed and to any emergency dental, medical or surgical treatment, including anaesthetic or blood transfusion, as considered necessary by medical authorities present. I will inform the group leader/ co-ordinator as soon as possible of any changes in my young persons medical or other circumstances between now and the commencement of the outward journey. All of the information on this form is correct. **By signing this form, I agree to any videos/pictures taken of my child during camp, to be used by Activate for promotional purposes.**

Signed _____ Relationship to Young Person _____ Date: _____