

Insert logo

Event name
Venue
time

Health and Consent Form

Name	
Date of Birth	
Address including postcode	
Email address	
Telephone number	
Dietary requirements and any mobility/additional needs or requirements	
Medical conditions/needs e.g. allergies, phobias, medication	
Doctor's name Address Telephone number	
Emergency contact name and number	
Additional emergency contact name and number	

Parent / Guardian's consent (for participants under 18yrs of age) – Please delete any point you do not consent to:

- I give permission for _____ to take part in the event as detailed above.
- I give permission for DBE staff to contact them via email and/or phone with details about the meeting.
- 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: _____