



## Parental consent for children's activity

### CHILD'S DETAILS

Name.....

Address.....

Activity/Event (give details here or on a separate information sheet)

Departure  
date/time.....

Return  
date/time.....

Name of leader.....

This activity is being run by the parish of .....

### 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 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.....