

Parental Consent Form

FOR HOLIDAY CAMP ACTIVITIES. USE BACK FOR ADDITIONAL NOTES.



Child's Personal Details

Medical declaration for participants of Venture Camps/Venture Sports activities, this must be completed by the parent/carer.

Child's Full Name:

Age: Date of Birth: Gender:

Address of child:

Who does the child live with?

Who is legally responsible for child?

If different from above

Details of any persons who **cannot** come in contact with the child (*backed up by court order only*) / or details of any agency the child might be involved with:

Parent/Carer Details (1)

Title: Full Name: Mobile Number:

Home Number: Work Number:

Address:

Parent/Carer Details (2) / Second Emergency Contact

Title: Full Name: Mobile Number:

Home Number: Work Number:

Address:

Collection Password:

You should inform the camp staff of who is collecting your child

Child's Doctor Information:

Dr's Name: Surgery Tel:

Surgery Name & Address:

Additional Emergency Contact: Name:

Tel: Relationship to child:

Medical information: Please detail below any important medical information that might affect your child/children whilst taking part in organised activities under the supervision of Venture Camps coaching professionals (use back if needed). Including allergies or dietary requirements.

If you would like to receive information via text or email regarding up and coming camps or events, please tick this box.

We may take photographs of activities from time to time and use these in marketing material. If you would not like you child to be in photos, please tick here.

Parental Consent: Should the necessity arise I agree to the person in charge of the party giving consent on my behalf for an anaesthetic to be administered, or for any other urgent medical treatment to be given.

Name: Signed: Date: