**PARENTAL / GUARDIAN CONSENT FORM**

**(Obligatory for participants aged under 18)**

**Name of participant:**

**Activity title:**

**Activity venue:**

**Activity start date:**

**Activity finish date:**

The information contained in this Parental / Guardian Consent form will be kept confidential and only shared with personnel on a “need to know basis”. If you do not fully understand any of the following questions, need further information or wish to discuss any of your answers it is most important that you contact the organiser of the activity immediately.

These questions are not designed to exclude your son/daughter. Rather the intention is to ensure that parents/ guardians, youth leaders and organisers are fully aware of the details of the programme, any special risks or concerns and any special supports that may need to be put in place. The top priority is to ensure the safety of all participants at all times and your full co-operation is essential in this regard.

**Declarations:**

1. I confirm that I have read the details about this activity.
2. I hereby give consent to my son/daughter/ward to take part in the above mentioned activity and to his / her participation in the activities described in the call and/or the programme.
3. I agree that he/she will be under the authority of, and responsible to, the organisers and leaders of the activity.
4. I am aware of the rules of the activity and accept the rules in relation to alcohol, drugs and sexual activity.
5. My son/daughter/ward has the following special requirements (if none, please specify: none):
6. Special dietary requirements:
7. Which types of pain/flu relief medication your child may (or may not) be given, if necessary:
8. ­If your child requires any medical treatment please give details:
9. If your child has been receiving treatment/counselling for any physical or psychiatric conditions please specify (having a condition will not exclude your child from participation, but accurate information is necessary to ensure the safety and proper support for your child):
10. To the best of your knowledge has your son/daughter/ward been in contact with any contagious or infectious diseases or suffered from anything in the last four weeks that may be contagious or infectious?
	* YES / NO
	* If YES, please give details:
11. Has your son / daughter / ward had any recent injuries, if so please give details?
12. When did your son/daughter/ward last have a tetanus injection:
13. I accept that it may be necessary to send my son/daughter home in the following circumstances:
14. If they breach the rules of the activity
15. If their behaviour is deemed to be inappropriate or offensive to the host community or if it endangers themselves or other people or causes damage to any property
16. If medical reasons require that they be sent home.

In cases a) and b) above that may be at my responsibility and cost.

1. I undertake to inform the co-ordinators as soon as possible of any change in medical circumstances between the date signed and the commencement of the activity.
2. I agree to my son/daughter/ward receiving medication as instructed and any emergency dental, medical or surgical treatment, including anaesthetic or blood transfusion, as considered necessary by the medical authorities present.
3. Emergency Contact Details
* My Home Telephone:
* My Work Telephone:
* My Mobile Telephone:
1. Alternative Emergency Contact (if for some reason you cannot be reached)
* Name:
* Relationship to participant:
* Home Telephone:
* Work Telephone:
* Mobile Telephone:
* Name of Family Doctor:
* Address:
* Telephone Number:

**I declare that I have read each of the declarations above and completed each section to the best of my knowledge.**

**Signed:**

**Date:**

**Name of Parent/Guardian (in block capitals)**

**Address:**