

SPECIAL ACTIVITY CONSENT FORM

In the interests of your child it is important that you let us know any changes to the details you have given us on the General Consent Form (health e.g. allergies, emergency contact numbers etc)

I, the undersigned _____

being the parent (or adult with parental responsibility) or participant over 18 years

hereby give permission for _____

(*name of participant*) to fully take part (with the exception of

(_____) in the

_____ (*name of trip*)

taking place on _____ (*date and times*)

I have read the information sheet regarding the activity/trip and understand what is involved. I acknowledge the need for obedience and responsible behaviour on his/her part throughout the period and the need for him/her to take special note of any safety instructions. I consider the participant to be medically fit to participate in the activities outlined. I give my consent to any necessary medical or dental treatment (including an anaesthetic) that may be necessary in event of an emergency and/or if I am not contactable. I confirm that the completed General Consent Form is up to date and applicable to this activity.

Signed Parent (or adult with parental responsibility)

Print name _____

Date _____