



Parental Consent Form

I give my consent for: _____

To attend: _____

At: _____

On: _____

Signed: _____ Date: _____

Full name: _____

Address: _____

Postcode: _____

Contact Telephone: _____

NB: Adult supervision will be provided.

Is there any medical condition that we should be aware of?

If so, please give details:

Emergency Permission

I authorise: _____

To give permission for my child to receive any emergency dental, medical or surgical treatment, including anaesthetic, as considered necessary by the medical authorities present.

Signed: _____, parent/guardian. Date: _____

It is essential that this form is completed and returned to the **Supervisor**; without it, it is impossible, for health and safety reasons, for members under the age of 18 to participate.

Supervisor:

Telephone:

Email:

