

Warren Park Kids Camp Parental Consent Form

Anything written on this form will be held in confidence. The leaders need to know these details in order to meet the specific needs of your child/children.

I give permission for my child to attend Warren Park Kids Camp at their usual meeting places and participate in all their activities.

Mobile Home Number	
Child's Name	Date of Birth
Home Address	Contact Numbers:
	Mobile Number:
	Second Contact Number:

If unavailable Contact Name	Phone Number

Name of GP	Phone Number

Details of any known conditions, allergies etc (e.g. asthma, diabetes, epilepsy) and any medication being taken:

Any other special needs, requirements or directions that would be helpful for the leaders to know about:

Other persons authorised to collect the child:

I will inform the leaders of any important changes to my child's health, medication or needs and also of any changes to our address or to any phone numbers given above.

In the event of illness or accident, having parental responsibility for the above named child/children, I give permission for first aid to be administered where considered necessary by a trained first aider if available, or medical treatment to be administered by a suitably qualified medical practitioner.

If I cannot be contacted and my child should require emergency hospital treatment, I authorise an adult leader to sign on my behalf any written form of consent required by the hospital. However, I understand that every effort will be made to contact me as soon as possible.

During the time your child will spend with us, photographs may be taken for general purposes and for this we need your permission. On signing this form we will assume you have give permission for your child's photograph to be taken unless otherwise informed.

I confirm that the above details are correct to the best of my knowledge.

Signature:

Parent / Guardian

Date:

Name Printed in Full:
