



CUMBRIA

Parental Consent Form

Activity:

Date:

Participants Details

Name: Dob:

Address:

.....

Telephone: Mobile:

Emergency Contact

Name:

Address:

.....

Telephone: Mobile:

Relationship with participant:

Medical Information

1 Does he/she suffer any medical condition? eg: diabetes, asthma, heart condition? YES/NO (please delete as appropriate)

If yes, please give details including medication:

.....
.....

2 Is he/she allergic to any medication? YES/NO (please delete as appropriate)

If yes, please specify:

.....
.....

3 Has he/she received a tetanus injection in the last 5 years? YES/NO

4 Name, address and telephone number of doctor:

.....
.....

Declaration

To be countersigned by parent/guardian if the participant is under 16 years of age.

I agree to taking part in the activity, and having read the information sheet, agree to him/her participating in the events described. I also agree to emergency treatment being given if required.

Signed: Parent/Guardian

Date: