

**Thetford Camp**  
**25-27 May 2019**  
**Parental Consent Form**

**Full name of Child:** \_\_\_\_\_

**Date of Birth:** \_\_\_\_\_

**Locality:** \_\_\_\_\_

**Parent Agreement**

I give permission for the above mentioned child to take part in the normal activities of this blending time. I understand that separate permission will be sought for certain activities and outings lasting longer than the normal meeting times of the conference. I understand that while he/she will be under the control and care of the group leader and/or adults approved by the conference and that, while the staff in charge of the group will take all reasonable care of the children, they cannot necessarily be held responsible for any loss, damage or injury suffered by my child during, or as a result of, the activity.

I have read and agreed to the Parent Agreement: *Yes/No*

**Photograph & Video Release**

There are usually group photographs taken during the blending time for the children to have a memento, and sometimes photos/videos of singing times and activities are taken during the course of the conference. I understand my permission signifies that photographic or video recordings can be made of the above mentioned child. At no time will any child's name be used in conjunction with these photos/videos. There is no time limit on the validity of this release. This release applies to photographic, audio or video recordings collected as part of the Thetford Camp only.

I have completely read and fully understand the Photograph & Video Release and agree to be bound thereby: *Yes/No*

**Medical Information & Release**

Name of GP: \_\_\_\_\_

Tel No: \_\_\_\_\_

Address: \_\_\_\_\_

Details of any regular medication, medical problem (e.g. asthma, epilepsy, diabetes, allergies, dietary needs, etc.) or disability which may affect normal activity:

\_\_\_\_\_

In an emergency and/or if I am not contactable, I am willing for my child to receive doctor/hospital or dental treatment including an anaesthetic: *Yes / No*

**Signature (parent/or adult with parental responsibility)**

**Signed:** \_\_\_\_\_ **Date:** \_\_\_\_\_

*The information requested on this form can be completed by a carer, but only those with parental responsibility can sign the consent (N.B. This may not include a foster carer).*

**Contact Information**

Name of Parent/Carer: \_\_\_\_\_ Email: \_\_\_\_\_

Tel No: (Day) \_\_\_\_\_ (Evening) \_\_\_\_\_ (Mobile) \_\_\_\_\_

Address: \_\_\_\_\_

**Additional contact (e.g. grandparent, family friend or other holding parental responsibility)**

Name: \_\_\_\_\_ Tel No: \_\_\_\_\_

Email Address: \_\_\_\_\_

If you do not have parental responsibility (e.g. you are a foster carer/grandparent etc.) please give details of those with parental responsibility:

Name: \_\_\_\_\_ Tel No: \_\_\_\_\_

Address: \_\_\_\_\_