

Bristol Downend Christadelphian Youth Weekend

Nominated Co-ordinator - Stephen Jenkins, 07764 988619

Form of parental consent

This form should be completed by the parent or those with parental responsibility and returned to the youth weekend leader in advance of the weekend please. The information on this form will be treated as confidential and will be used for the Bristol Downend Youth Weekend Friday 15th November to Sunday 17th November 2024.

If any of the information on this form should change, please get in touch with the co-ordinator.

Child's surname

Forenames

Date of birth

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Medical information - Child's family doctor

Name.....Telephone.....

Address.....

If your child is taking any regular medication or suffers from any medical condition - for an example an allergy to foods, medicines or dressings, a heart disorder, poor hearing or vision, asthma, seizures, diabetes - please give details below.

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Date of last tetanus injection

Contact information

Home..... Mobile.....

An alternative contact person is

Name..... Telephone.....

Address.....

Consent

I have received full information and agree that my child named above will be allowed to participate in all activities.

I give consent for the application of local or general anaesthetic and such emergency treatment as may be considered necessary by a competent medical practitioner or dentist to my child named above.

I give permission, under the Data Protection Act 2018, for photographs and/or videos of my child to be taken during the Youth Weekend. These may be viewed by other weekenders and the weekend leaders.

Name..... Signature.....Date.....