



Parental Consent Form – Residentials

For use by all Groups

Urban Saints complies with the Data Protection Act 1998. All of the data given on this form will be held and used in accordance with this Act.

<Title or description of Residential Activity>

SECTION 1 – this data will help us to contact you should we need to during our residential activity.

Name of child:	Date of Birth:
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Address:	Postcode:
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Address of parent/carer during the residential if different from the child's address above:

Contact tel. no(s). of parent/carer during the residential activity:		
Daytime:	Evening:	Mobile:

SECTION 2 – MEDICAL INFORMATION. This data will help us to give the best possible care to your child during the residential activity.

Name of family Doctor:

Address and phone no. of family Doctor:

Please give details of any allergies affecting your son/daughter:

Please give details of any medication your son/daughter is currently taking, the dosage and whether it can be self-administered:
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Please give details of any contagious or infectious diseases your son/daughter has suffered from in the past 3 months:
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Please give details of other recent illnesses:
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Continued overleaf...

Please give date of last anti-tetanus injection:

Please give details of any special dietary requirements your son/daughter has:

If supervised swimming is offered on the programme, do you give consent to your son/daughter taking part? YES / NO
If consent is given, what distance can they swim?

Please give details of any activities included in the programme in which your son/daughter may not participate:

Please give any other information you think may be useful to us in caring for your son/daughter, e.g. suffers from travel sickness:

SECTION 3 – to be read and signed only by a parent or other adult with parental responsibility.

I give permission for my son/daughter to take part in this residential trip and I understand the nature of the activities that will be undertaken and the travel arrangements.

I understand that the leaders will take all reasonable care in looking after my son/daughter but they cannot necessarily be held responsible for any loss or damage to property during, or as a result of, this trip.

In an emergency, if I cannot be contacted despite all reasonable attempts to do so by the leaders, I give permission for my son/daughter to undergo emergency medical/dental treatment including the use of anaesthetics as considered necessary by the medical authorities.

I give permission for Urban Saints to process the personal data given on this form for use in relation to my child taking part in this trip.

I understand that Urban Saints will keep a record of my child's name, address, date of birth and attendance at this event to comply with safeguarding requirements.

I understand that if my son/daughter grossly misbehaves at this residential then the organisers may forbid them from further participation and require me to collect them at my expense. (Cigarettes and alcohol are forbidden and failure to abide by this rule may constitute gross misbehaviour.) I agree to pay for deliberate damage to property caused by my son/daughter.

I enclose £ as payment for this residential activity.

Signature: Parent or other adult with parental responsibility	Date:
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