



East Sussex Foster Care Association

Parental Consent for Day Activity

Child's Details

Name of Child:

Male/Female:

Address:

Date of birth:

Age on day of activity:

Name(s) of parent(s) / guardian(s):

Address (if different from above):

Home telephone number:

Mobile number:

Work telephone number:

Medical Details

Name of G.P.:

G.P. address:

Does your child suffer from travel sickness? Yes/No

Details of allergies (incl. severity of condition):

Details of medication:

Details of any special dietary needs:

Details of any phobias:

Details of any impairments or disabilities and needs that need to be met:

Other Information

Can your child swim:

Please advise if there are any activities the child should avoid:

Please inform us of any behavioural issues you may think relevant:

Please provide any other information you may think useful:

Consent

I give consent for my daughter/son* to take part in the trip/residential visit* listed above and having read the information sheet attached I agree to her/his* taking part in all of the activities mentioned.

I give consent to my daughter/son* receiving any emergency medical treatment necessary during the course of the trip/residential visit*.

I understand that the workers involved cannot be held liable in the event of any accident involving death or personal injury (unless that such persons have been shown to be negligent) or for any property being lost or damaged.

Signature of parent/Guardian*:

Date:

* please delete as appropriate

delete as necessary