



East Sussex Foster Care Association

Parental Consent for Residential Activity	
Child's Details	
Name of Child:	
Male/Female:	
Child's Social Worker:	
Address:	
Date of birth:	
Age on day of activity:	
Name(s) of parent(s) / guardian(s) / Carer (s):	
Address (if different from above):	
Home telephone 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:

ADDITIONAL INFORMATION

Please use this part to give us as much information as possible about the child. Please tell us about behaviours including triggers and the best way of handling these situations, If necessary please provide a worst case scenario so we are prepared for any difficulties. How do they get on with other young people? Are there any issues that we need to be aware of? How do they sleep? Are there any routines that would help them feel safe? Do you consider that the child poses a risk to other children?

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 medial 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/Carer*:

Date:

Please delete as appropriate