**Form B  
Consent form for specific activities**

Shape, circle

Description automatically generated

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **PARENT/GUARDIAN CONSENT FOR AN ACTIVITY/EVENT** | | | | | |
| 1. **NATURE OF EVENT/ACTIVITY:** | | | | | |
|  | | | | | |
| **Date(s):** |  | **Time(s):** | |  | |
| **Costs** |  | | | | |
| I agree to: *(insert name)*  Date of Birth:   * His/her participation in the activities described. * I understand that, while involved, they will be under the control and care of the group leader and/or other adults approved by the church/organisation leadership 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 acknowledge the need for him/her to behave responsibly and will ensure that they are aware of the expectation to behave responsibly. | | | | | |
| 1. **TRANSPORT ARRANGEMENTS:**   **(for which parents/carers hold responsibility)**  Please detail how your child will travel to and from the activity or the pick-up point for the day/residential trip. | | | | | |
|  | | | | | |
| 1. **MEDICAL INFORMATION:** | | | | | |
| 1. **Does your child have any condition(s) requiring medical treatment including medication, e.g. inhalers, anti-epileptics or insulin?** | | | | | |
| **YES** | *If* ***YES*** *please give details* | | **NO** | |  |
| **Details of medical treatment:** | | | | | |