



Parental consent form

First name and surname:
Date of birth:
Address:
Phone :
Emergency Contact 1: (different than <i>Phone</i>)

MEDICAL HISTORY INFORMATION:

In the event of illness, having parental responsibility, I give permission for medical treatment to be administered where considered necessary by a nominated first-aider, or by suitably qualified medical practitioners. If I cannot be contacted and my child needs emergency hospital treatment, I authorize a qualified medical practitioner to provide emergency treatment or medication.

Other information

Any other special needs, requirements or directions that would be helpful for leaders to know about.

Sign _____ Date: _____

According to data protection this document will be destroyed the next day from it realises.