



CONSENT AND EMERGENCY CONTACT FORM

Your details (if under 18 must be parent or carer)

Name Address
.....
.....

Contact details.

Phone.

Mobile.

Email

Details of child/adult at risk

Name

Date of Birth/...../.....

Contact details If different from parent/carer

Address
.....

Phone.

Mobile.

Email.



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I give permission for the child/adult to be included in photography and/or film.

This consent is valid for -

One year from the date of this form.

Or for the event referred to below only.

Yes. No

Yes. No Yes. No

Please *only complete one* of the above alternatives If attending an event or taking part in a trip

Details of event/trip the child/adult will be attending

Activities.

.....



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Child / Adult Medical/Disability/Health - Does the child/adult have

Any health needs eg. diabetes, asthma, epilepsy, allergies that we should be aware of

Any access needs?

Any religious or spiritual practices we should be aware of?

Any dietary needs we should be aware of?

Anything else we should be aware of?

If yes to any of the above, please provide full details.

Emergency contact details **if different from parent/carer**

Name.....

Relationship.....

Address

Phone.

Mobile.

Email.

Confirmation – NAME OF PARENT/CARER

Signature