



Parental Consent Form for Off-Site Activities for young people under 18

This must be returned a minimum of 5 working days in advance of any trip.

Trip:

Dates:

1. Agreement

- a) I have read the information sheet and I agree to (name)..... taking part in the above activities and participating in the activities described in the relevant information sheet.
- b) I acknowledge the need for HIM/HER to behave responsibly and to follow instructions given by the trip leader(s) at all times.
- c) Westminster Boating Base reserves the right to exclude a child on behavioural grounds. It will be at your expense if your child has to be sent home because of misbehaviour and you will be advised by phone at the time.

2. Medical Information

- a) Does your child have any disability or conditions requiring medical treatment, including medication? YES/NO
If YES please provide details:

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- b) Please outline any special dietary requirements of your child:

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- c) Is your child allergic to any medication? YES/NO
If YES, please specify:

.....

- d) I will inform the Westminster Boating Base as soon as possible of any changes in the medical information or other relevant circumstances between now and the commencement of the journey.

3. Declaration

- a) I agree to (name) receiving medication as instructed and any emergency dental, medical or surgical treatment including anaesthetic, blood transfusion or tetanus injection as considered necessary by the medical authorities present.
- b) I understand that the WBB insurance policy does not provide cover for the loss of personal items.
- c) Myself or the alternative contact will be available on the telephone numbers provided should the trip leader need to be in contact.

4. Contact telephone numbers

a) Main Contact

Name:

Telephones: Work:..... Home:.....

Mobile:

Home Address

.....
.....

Postcode:

b) Alternative contact:

Name:

Telephones: Work:..... Home:.....

Mobile:

Home Address

.....
.....

Postcode:

c) Family Doctor:

Name:

Telephones:

Address

.....
.....

Postcode:

Signed: **Date:**

Full name (capitals):.....

Relationship to child: