

**CHURCH CAMP 2018 (29 JUNE-01 JULY 2018)
PARENTAL CONSENT & MEDICAL FORM**

Full name of child

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

Address

..... Postcode

Phone number(s)

The person to contact in case of emergency is:

Name

Relationship to child

Address

..... Postcode

Phone number(s)

Does the child suffer Yes No (Please tick)

from any allergies?

(e.g. food, medicine)

(If yes, please give details)

Does the child have any Yes No (Please tick)

medical conditions about

which we should be aware?

(If yes, please give details)

Name of nominated supervising adult for duration of camp:

(This person, who must be 18+, should not be a CBC staff team member or Church Camp leader. The nominated appropriate adult is responsible for the care, supervision and safety of the above named child for the duration of the camp.)

Declaration (Please note that this declaration can only be signed by those with parental responsibility)

- I give permission for the above named child to attend Church Camp and related activities
- I consider the above named child to be medically fit to participate in the activities
- I consent for photographs to be taken of my child during Church Camp activities on the understanding that they may be used for display and/or our church website/Facebook*
- In an emergency and/or if I cannot be contacted, I am willing for my child to receive necessary hospital or dental treatment including anaesthetic:

Yes No (Please tick)

Signed (parent or adult with parental responsibility) Date/...../.....

* please delete as appropriate