

**CHURCH CAMP 2020 (03 JULY – 05 JULY 2020)  
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 from any allergies? (e.g. food, medicine) (If yes, please give details)

Yes  No  (Please tick)

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Does the child have any medical conditions about which we should be aware? (If yes, please give details)

Yes  No  (Please tick)

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Name of nominated supervising adult for duration of camp: .....

(This person, who must be 18+, must 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\*
- I agree that my child is responsible for their own medication unless I personally hand the medication to the designated first aid leader with detailed instructions of use.
- If any off-site medical attention is required (e.g. hospital) I will attend if requested.
- 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 ...../...../.....

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\* please delete as appropriate