



Diocese of Leeds  
Safeguarding Resource Pack - Form CaSE 4

**Parental Consent for an Activity/Event - Single or Continuing**

Parish			
Activity/Event			
Date(s) of Activity/Event		Time(s)	
Name of child			
Address			

<b>Transport arrangements - for which parents/carers hold responsibility</b>
Please detail how your son/daughter will travel to and from the activity/event or the pick-up point for the day trip/residential trip

<b>Medical information about your child</b>	
1. Does your child have any conditions requiring medical treatment including medication e.g. inhalers, anti-epileptics or insulin?	
Yes - details below	No
2. Please outline any special dietary requirements that your child has (including allergies e.g. to nuts) and the type of pain/flu relief medication that your child may be given if necessary.	
3. Please outline any fears or phobias that your child has. This will help the adult leaders to assist your child should any difficulties arise.	
4. Is your child allergic to any medication e.g. penicillin?	
Yes - details below	No
5. When did your child last have a tetanus injection?	



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6. Is there any other relevant information or specific needs about which the organiser needs to know - e.g. travel sickness, mobility problems?

Yes - details below	No
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7. For residential trips only

To the best of your knowledge, has your child been in contact with any contagious or infectious diseases, or suffered from anything in the last few weeks that may be contagious?

Yes - details below	No
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Parental contact telephone numbers			
Home		Work/Mobile	
Alternative contact, in emergency			
Name		Number	
Family doctor			
Name		Number	
Address			

Parental Consent	
<p>I agree that my child _____ (Dob) _____ may participate in the activity/event listed above.</p> <p>I understand that group/activity photographs may be taken during the event, in line with the Church's policy, and I give my consent to this.</p> <p>I acknowledge the need for my child to behave responsibly and will ensure that he/she is aware of the expectation to behave responsibly and in accordance with the Code of Conduct or children and young people</p> <p>I understand that in the event of an illness or accident every effort will be made by the event leader or their assistants to contact me. If for whatever reason this is not possible I agree to my child receiving medication as instructed and any emergency dental, medical or surgical treatment, including anaesthetic or blood transfusion, as considered necessary by the medical authorities present.</p>	
Signed	
Date	
Name in blocks	